THE
AMERICAN JOURNAL
OF NURSING

VOL. VIII | SEPTEMBER, 1908 | NO. 12

EDITORIAL COMMENT

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS

WHILE it is not possible for us to give before the congress the complete program for the nursing session, we know that the following group of women are to present papers: Mrs. R. Burgess, of the Gaylord Farm Sanatorium in Connecticut, will write on "Sanatorium Atmosphere,—Moral and Cheerful"; Miss Frances Hostetter, of the Presbyterian Hospital, Philadelphia, and Miss Ida Cannon, of Boston, "The Tuberculosis Class"; Miss Louie Croft Boyd, of Denver, "The National Jewish Hospital for Consumptives"; Miss Eliza Thayer Patterson, of the Vanderbilt Clinic, New York, "Disinfection in Tenement Houses"; Miss M. E. Lent, Baltimore, "The True Function of the Tuberculosis Nurse"; Miss LaMotte, of Baltimore, "The Unteachable Consumptive"; Miss Florence R. Smithwick, of Denver, "The Attitude of the Modern District Nurse to Tuberculosis"; Miss Mabel Jacques, of Philadelphia, "Home Occupations in Families of Consumptives and Possible Dangers to the Public"; Miss Bertha L. Stark, of Pittsburgh, "Anti-Tuberculosis Work in the Pittsburgh Public Schools"; Miss Anne K. Sutton, superintendent of Phipps Institute, "The Henry Phipps Institute Training School for Nurses"; Mrs. M. E. Hoffman, a Phipps nurse, "The Instruction of the Patient in Personal Hygiene"; Mrs. Van Wagner, "Opportunities in Tenement House Inspection for Teaching in Tuberculous Families."

We have been informed that papers in the general sessions of the congress will be read by Mrs. Robb, Miss Damer, Miss Fulmer and Miss Wald.

There has never been an occasion in any great national movement when nurses have been granted the recognition that is being given in

connection with this congress. This is largely due to the efforts of Dr. John S. Fulton, secretary-general of the congress, who is most generous in his attitude toward nurses, idealizing them and even crediting them with more than they do, and who placed Miss Nutting on the central committee; to Miss Nutting herself, who was determined that nurses should have a distinguished place; and to Mr. Devine, who made the plan for the special session.

We have every assurance that there will be an interesting gathering of women engaged in this work, and in the matter of papers and discussions and interchange of experiences and helpful suggestions there is no question but that the nursing session will be a success.

The opportunity for hearing in the general sessions of the congress distinguished speakers from all parts of the world, is one that may not occur again in years and is worth some personal sacrifice for a nurse to bring about.

In order to prepare a valuable exhibit of the nurse's own share in the anti-tuberculosis movement, it is necessary that Miss Nutting and Miss Strong should have at least a thousand dollars. Dr. Fulton has sent broadly a circular letter appealing for funds for this special exhibit, but the suggestion has been made that individual nurses and nursing organizations shall be appealed to for aid in making this exhibit a success. Many women who cannot attend the meeting can show their interest by a contribution, be it ever so small. Any nurse or patient who has had in her family circle a victim of tuberculosis should be interested to contribute a dollar to this great educational movement, and the nursing organizations should be interested to aid, if only in sums equally small. While a thousand dollars seems a large amount when considered in bulk, it will not mean much when distributed among the thousands of nurses and their patients who may have reason to be interested in this special feature of the convention. Such contributions should be sent to Miss Isabel Strong, 2001 I Street, Washington, D. C., and applications for accommodations during the convention should be addressed to Mrs. Eustis at the same address. The congress is to be in session from September 28 to October 3, and the nurses' session is to be held on October 1.

Tuberculosis camps have recently been put in operation in Buffalo and in Rochester, N. Y. We know that the nurses' interest in both of these places has added greatly to their success. The camp in Rochester has been organized by a committee from the Public Health Association, with Miss S. F. Palmer as chairman.

In a letter from Miss Nutting, who is spending her vacation in Newfoundland, we hear of a tuberculosis convention which has been

organized there for the purpose of bringing together two hundred and fifty school teachers that they may be instructed in the cause and prevention of tuberculosis and in turn pass on this knowledge to their pupils.

In Detroit, a most vigorous and interesting campaign has been waged in which all the citizens of all classes have been interested coöperators. As a result of one special day's work in June, the funds of the Anti-Tuberculosis Society were raised from ten dollars to ten thousand dollars. This money is placed in the hands of a committee of seven of which Mrs. L. E. Gretter, head of the Visiting Nurse Association, is chairman, and is to be largely used in the sending of visiting nurses among tuberculosis patients. The city is divided into districts for this work and will be thoroughly canvassed. In addition, a vigorous "anti-spit" crusade is being waged.

THE WORK FOR BABIES IN CLEVELAND

THE Babies' Dispensary in Cleveland is the first of its kind in America. Similar work may have been done by others, but none have followed the prophylactic work throughout the entire year as this has done from the start. It sometimes happens, unfortunately, that milk stations and dispensaries, started with the best motives and run with immense enthusiasm, fail to accomplish all the good they might because the workers are not sufficiently informed and instructed as to the best methods. Sometimes, in a large city, several stations under one central head will be operated without sufficient coöperation and will differ greatly in usefulness. Of two stations in similar districts, one will be crowded with applicants and the other will be ministering to very few, because of the difference of method in getting hold of the people for whom the charity was organized.

Before starting the work in Cleveland a thorough investigation was made of the methods employed in similar work, both here and abroad, and everything was thought out ahead as far as possible, down to such small details as having the chairs in the waiting rooms supplied with rods at the back, on which the baby's clothes could be hung when it was undressed for examination. The result of this forethought is that the work has not been experimental and no money has been lost in learning how.

Those who have much to do with public service sometimes grow sick at heart in seeing public or charitable funds wasted through ignorance, or work falling to the ground because of personal friction between those who should be losing all thought of self in the general good.

PLANS FOR A GRADED REGISTRY

THE plan given on another page, which Miss Ericksen has so carefully worked out, was presented to some extent in a discussion by Mrs. Fournier, to whom she refers, so long ago as the Detroit meeting of the Associated Alumnæ. Theoretically, it would be a very easy solution of the situation, but practically the plan seems impossible for the reason that nurses do not control the situation in regard to their own affairs, either in registries or in state registration. Both commercial and political influences are factors that we have to contend with, and until we are more strongly united and have better control of our own affairs we could not put such a plan in operation. The difficulty that has been met on every hand in securing voluntary registration of graduates in those states where registration laws are in effect, shows the obstacles that would be met in endeavoring to control the non-graduate, unless she is compelled to register in order to practice.

The plan is one worthy of consideration and discussion and serious thought, and is one which we can work toward, but all the difficulties which it would bring with it, and its futility without legal compulsion, would make it seem to us impracticable at the present time.

MISS ROGERS' PAPER

MISS ROGERS' report on school nursing, given at the San Francisco meeting, and reproduced in this issue, while in some respects a repetition of what has been given before, shows the effectiveness of the plan of organization adopted by the New York Board of Health for the school work, and also the practical working results in the schools after six years of steady application of the principle. In those localities where school nursing is being agitated her paper will be found a valuable guide.

THE JOURNAL'S ATTITUDE ON THE SUFFRAGE QUESTION

THE letters which are appearing in the JOURNAL, and which come to the editors personally, on the suffrage question, are evidence of a misunderstanding of the JOURNAL'S position in this matter. This magazine is a professional journal, devoted to the interests of nursing. On every nursing subject it has a definite policy. On all other broad questions its attitude is neutral. Among so many thousand women as go to make up the nursing body there is great diversity of opinion on the suffrage

question, the members of one group being extreme in their support of it, others being just as extreme in their opposition to it, and still a third group taking a more moderate ground, the editor-in-chief being among the last.

Our correspondence department is open to a free expression of opinion, but it must be understood that the JOURNAL'S policy, editorially, must of necessity remain neutral.

WORK FOR ORGANIZATIONS

BEFORE another month our affiliated organizations will have outlined their active work for the winter. October will see state, county, and alumnæ associations coming into line with programs of greater or less value according to the preparation of those trusted with the executive guidance of the societies.

There has never been a time when the nursing field has seemed more quiet, a dangerous condition if vigilance is lessened and indifference is allowed to take the place of watchfulness and enthusiasm. But lack of a broader public activity should be turned to account in a more careful administration of the affairs of each separate organization for a sort of family housecleaning.

In the state association, where laws for registration are already in force, the manner in which they are being administered should be carefully studied. The state association that has secured the passage of a law must never for an instant relinquish its right of protest if it finds that political or commercial interests are interfering with its highest and best execution.

Now is the time for a thorough going over of rules and by-laws and of forming new plans that shall be of benefit to those states less fortunate than themselves.

The personnel of the county and alumnæ societies should be carefully reviewed. Women of doubtful conduct who may have been allowed to slip in under pressure of the excitement of outside interests should be investigated, disciplined, or dismissed. Only by maintaining a clean membership roll in the local associations can our state and national associations hope to steadily progress. This is a disagreeable duty which must periodically be performed for the preservation of our professional standards. For the sins or indiscretions of a few, the whole nursing body suffers, and the remedy lies with the organizations.

This period of quiescence is also a time when all the associations should devote some part of every meeting to strictly post-graduate study.

The suggestion made in these pages some months ago that the state examination questions be used as a competitive contest, after the order of the old time spelling matches, would freshen up the methods of many a nurse who has been too busy or indifferent to give much time to study, and would also prove an amusing entertainment for half an hour. Moreover, the practical value of the questions would be demonstrated in a way to make criticism of them by the associations of great help to the examiners.

Delegates to the national and state associations should be chosen early in the year and instructed in subjects of business or professional discussion that are likely to arise. The Associated Alumnæ is beginning early on its program and asks in this number of the JOURNAL for suggestions. If each affiliated association would send to the chairman of the Program Committee one suggestion, the subjects to be considered would represent broader interests.

Closer conference of the superintendents of nurses in the large centres and a teachers' auxiliary in every state society would give much force to educational progress.

All of these suggestions are taken from work already being done, and we do not offer them as original, but of such practical value that their adoption is recommended.

We have always advocated a broad division of executive responsibility in all organization life. With a monopoly of office, interest dwindles, and personal dictation creeps in. No one group of women and no one section of the country should be permitted to rule for too long a time, even when such groups are the willing workers of the association.

Popular subjects such as local option, suffrage, the Emanuel Church movement, tuberculosis, venereal prophylaxis, and school nursing, which appeal to nurses as citizens should at this time, more than ever before, have a place in the winter's program.

THE END OF A YEAR

WITH this issue the JOURNAL closes its eighth volume and enters upon the coming year practically the property of the Associated Alumnæ. Professionally, the JOURNAL has never been in such splendid condition as at this time. Its influence is broader, it is in closer touch with many more lines of work, the support of the profession is more cordially expressed, and its subscription list is larger.

We have assurance that our efforts in behalf of the Red Cross are bringing very material results to that society in more general enrollment

of nurses. The correspondence which is developing in regard to visiting nurse work shows that the JOURNAL is being depended upon more and more in the establishment and conduct of this line of work. The missionary department has been one of the most successful of our new ventures and will be continued on practically the same lines. Through it we have come to realize the greater value of our JOURNAL to nurses living in foreign lands, separated from the professional inspiration which is within such easy reach of those who stay at home.

The two series of articles on diet have created great interest. Miss Wheeler's will be discontinued for the present, and taken up again later. After completing the subject of foods, she will give us some papers on general chemistry to meet the needs of the teaching body, if we have some assurance from instructors of nurses that the subject is desired. Miss Hamman's articles on "Housekeeping for Two" will be continued. Her recipes all have practical value. They have been tested as they came along by a member of the JOURNAL staff and, we doubt not, by many of its readers. Presented without frills, they are absolutely accurate and satisfactory.

NEW LINES OF WORK

Ever since the JOURNAL came into existence it has acted as a free agency for the nurses of the country for almost every need that the profession requires. One of the heaviest duties in connection with it has been to take care of an immense correspondence covering every subject, from the scores of problems of the private nurse to state registration, and the whole circle of the educational side of hospitals and training schools, positions, discipline, courses of study, text-books, books of reference, etc.

It has been decided to add two definite departments to the JOURNAL'S already broad field of usefulness. The first is a JOURNAL directory for hospitals and nurses, through which the business manager will, if the response is what is expected, be in a position to place hospitals which need, into communication with nurses who are seeking, positions. The fee must depend upon the amount of time and labor involved in each instance, all such transactions being strictly confidential.

The second is the establishment of an agency for nursing books of all kinds. With the increasing number of text-books now used in different schools, requiring orders to be placed with half a dozen different publishers, the busy superintendent will find the filling of her orders greatly simplified by making up her list and sending it to the business office of the AMERICAN JOURNAL OF NURSING. If her instructions are clear, and the money order drawn to the AMERICAN JOURNAL OF

NURSING, she may be sure of prompt and efficient service. Circulars giving full information in regard to prices and methods of ordering can be obtained by writing to (Miss) M. E. P. Davis, care the AMERICAN JOURNAL OF NURSING, 227 South Sixth Street, Philadelphia.

THE NEEDS OF THE COMING YEAR

One of the needs of the coming year is for more items of hospital and nursing news from all parts of the country. When a subscriber sees nothing from her section and wonders why the JOURNAL isn't interested in the news of her community, let her reflect that it does not depend upon newspapers for its items, that they must all be sent from reliable sources, and that she should immediately constitute herself the representative from her vicinity. Many a woman who feels that she hasn't the time or ability to write a scientific paper can render just as important service to her profession by sending such items.

The JOURNAL editors wish to express their special appreciation of the work of all of those subscribers who have been with them from the beginning, who have been loyal through all the experimental period, and who have been cordial as well as practical in their support. They welcome the new friends with the hope that they may become enrolled permanently in the ranks of the old ones, and they extend to all who have contributed in any way to the JOURNAL'S success and support, the thanks which they are not always able to write personally.

CLERK'S ROOM

NURSE TEACHING A MOTHER TO BATHE A BABY

THE BABIES' DISPENSARY AND HOSPITAL OF CLEVELAND

By KATHARINE DEWITT, R.N.

In Cleveland, Ohio, there exists, still in its infancy, one of the most complete and far-reaching systems for the care of babies that has come to our knowledge. The aim was high at the start, for the institution is called The Babies' Dispensary and Hospital, though as yet only the dispensary exists, and that is housed in a temporary structure. The work done, however, is not to be measured by the size of the place in which it centres and from which it radiates. Its aims may be summed up under one great head,—the care of the baby, sick or well. Under this come the sub-headings which it implies,—the teaching of mothers how to care for their babies, how to bathe them, what to feed them, how to prepare their food and to care for the utensils used; the examination and care of sick babies; the distribution of pure milk; the modification of milk, etc.

Preventive work is not made an after-thought or a side issue, but is distinctly in the foreground. Efforts are made to make the dispensary's existence known and its objects understood throughout all the poorer communities of the city, by means of the visiting nurse association, by means of other charitable agencies, and by means of booklets and circulars printed in five languages. Mothers are urged to bring their well babies to the dispensary a few weeks after birth, that they may be examined and the mother instructed. Later, the baby is brought at regular intervals that its progress may be noted. The gospel of nursing a baby rather than feeding it is preached constantly and mothers too poor to purchase sufficient milk to keep themselves in good nursing condition are helped to obtain an ample supply at reasonable cost or, if needed, it is given.

That this preaching and teaching are bringing results is shown by the following anecdote:

"One mother, learning from the doctor that mother's milk was best for the baby, remembered what he had said when the baby was taken from her and she was sent to the hospital. Here she secretly pumped out her breast into a silk handkerchief which she washed when the water was brought to her bedside. When she returned home after two weeks and the baby was brought back to her, she had sufficient milk to nurse the baby and it is now well and strong."

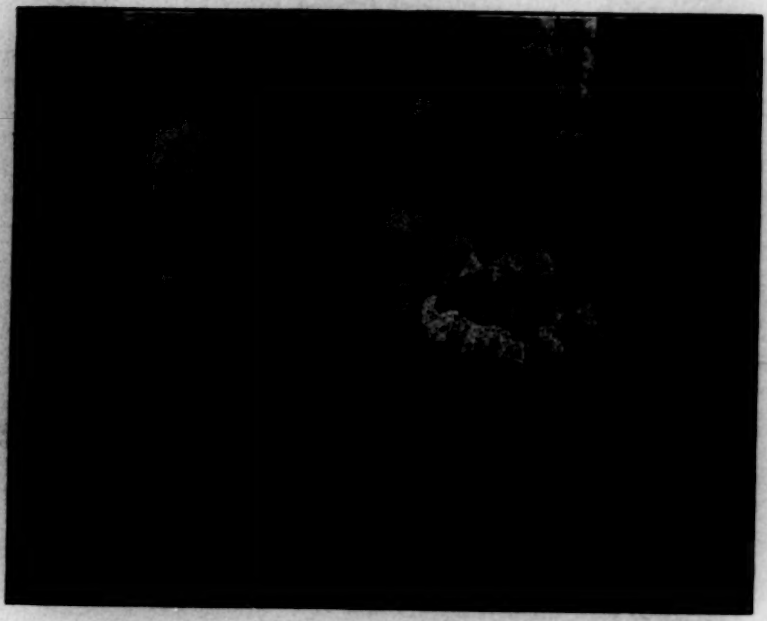
Let us go back a bit and see how the work started. In July, 1906, an infants' clinic was started under the auspices of a society called The Milk Fund Association, in connection with the visiting nurse association, whose nurses made the work of great value by following the little patients to their homes to see that directions were carried out. By the end of the summer the work had grown to such an extent that the idea of a permanent dispensary and hospital took shape, and in December, the present organization was incorporated and an appeal for funds to equip and carry on the work was made to the public. Enough money was secured to purchase land on East 35th Street, a place sufficiently clean and quiet for such work, and yet accessible by cars. Several old wooden houses were standing on the property, and one of these was remodelled to serve as a temporary dispensary. It has been made both convenient and comfortable and is, in some ways, admirably adapted for its present use, for it is possible to isolate doubtful cases. It contains a clerk's room, two waiting rooms, three examining rooms, a weighing room; a bath room, a small isolation room, and a milk laboratory. The latter consists of two connecting rooms on the ground floor, one for cleaning and sterilizing bottles, the other for modifying milk. The dispensary hours are from 1:30 to 2:30 P.M. daily, except Sundays and holidays.

The working staff, at this time, consists of a medical director, who gives his entire time to the work, six assistant physicians, one of whom visits in the home if the baby is too ill to be brought to the dispensary, and four nurses, who are no longer connected with the visiting nurse association, as their entire time is needed here. One nurse remains at headquarters, the others visit in the homes of the babies who have been brought for treatment or inspection. The daily average attendance at the dispensary last summer was fifteen. The highest number for one day was 28; for one month (August), 418. This year, in June, the daily average was 28, the highest number for one day was 57. The attendance for the month was 715, 166 new babies being registered; 2150 milk deliveries were made in June.

There is in the dispensary an emergency room, where babies desperately ill may be kept and cared for, but, as a rule, a baby needing constant care is sent to one of the city hospitals.

A large supply of all baby necessaries is kept on hand, from bottles and nipples to clothing and diapers, which are supplied to the mothers at nominal cost, as the idea is not to pauperize, but to educate and help. When clothing is loaned, it is with the distinct understanding that it must be washed and ironed before being returned. Very often the clothing must be rewashed, but it is found that the mothers set greater

NURSE INSTRUCTING MOTHERS HOW TO CLEAN BOTTLES AND NIPPLES



NURSE DISTRIBUTING EDUCATIONAL CIRCULARS TO MOTHERS IN A CONGESTED DISTRICT

value on articles which must be well cared for. A strict account of all loans and purchases is kept,—indeed for the soul that delights in records here is a most systematic and complete assortment.

The mother, the baby, and the doctor are all kept in touch with each other, and any baby's history may be readily looked up. The baby's chart is kept in an index file and gives a statement of its condition on entering, with a record, and a weight chart. The report of the nurse, which fits inside that of the doctor, gives space for home conditions such as occupation, income, material circumstances, charitable aid, sanitary condition of house, Are instructions followed? If not, why?, ice or ice box available, etc.

There is a smaller card system for use in quick reference which has interesting headings under diagnosis,—"primary, subsequent and final" showing that recognition is given to the fact that in dealing with babies we learn much from experience.

Where artificial feeding is necessary, and the mother has sufficient intelligence to prepare the food at home after being taught,—a diet slip is used with directions very plainly given.

In visiting this dispensary, I was impressed with the delightful air of warm human interest in all the work, quite opposed to any institutional savor. The medical report of last year closed with the statement that the work of the nursing, clerking and cleaning staff had not been measured by hours but by interest. People of all classes in the city are interested in the work and are doing what they can to help it along; every one seems to know about it. As far out as Mentor, I found a small boy cultivating radishes and selling them at exorbitant rates to his mother, "for the babies."

The plans for the hoped-for hospital are most complete and interesting, and it is so much needed, and Cleveland is so noted for its public spirit in charitable lines, that we hope before long we shall be able to describe the buildings in detail as no longer being on paper but actually under way.

DEAR subscribers, when you are writing for change of address, please don't forget that the "other fellow" has to hunt for "a needle in a bottle of hay" if you fail to mention your old address as well as the new one.

A GRADED REGISTRY

By THERESA ERICKSEN, R.N.
Graduate of the Northwestern Hospital, Minneapolis

I HAVE for a number of years wondered whether there would ever come a time, when we, as members of a nursing profession, would be able to centralize all nursing done for hire, be it done by our competent graduate or by any one as a means of livelihood. In small towns serious cases are looked after only too often by very incompetent people, yet some of these practical nurses, as they call themselves, are very good women and should be allowed a license, provided they would be willing to be guided by a regulated system, such as a graded registry might afford.

At the end of our very delightful convention week in San Francisco this last May, a side trip up Mt. Tamalpais was taken, during which it was my pleasure to sit next to Mrs. E. G. Fournier of Indiana, a woman whom so many had listened to with respect for her sensible, and practical remarks. In talking with her, I found that she, also, had thought a good deal about this problem, and she suggested that I put my ideas on paper and see what the different state boards would think of graded registries.

I will try and make my plan as simple as possible and would suggest that we should have three classes of licensed nurses.

Class I belongs to our graduate nurse; she should at all times come first; she is the only one who has every right to charge twenty-five or thirty dollars a week. There is no need to go into details about her status, the fact that she is a graduate from a recognized school and a member of her state or county association entitles her to all we can give her.

Class II should include any women with good moral character who have had some practical experience in nursing, partly trained nurses, who for some good reason were unable to finish their course of training. Such women should be allowed a license under the title of Nurse's Assistant, with a lower salary, under present conditions about ten dollars a week. This assistant should be privileged to come to the local registry for guidance or instruction if needed. She should be expected to carry out a physician's orders correctly where a graduate nurse cannot be had, and to assist when two nurses are needed on a case. It seems to me it

would be a help to have one of these assistants with us, when it is absolutely out of the question for the people to pay two graduates. Such an assistant might do very nicely after we leave a case, if the patient needs assistance yet for some time. Money would be saved for our patients and yet nothing taken away from our own honor. By this we would grant a good deserving woman a lawful right to make a living.

The assistant might wear a uniform, such as a plain light gray gingham dress, white collar, and white bib apron. An inexpensive pin might be issued with the letters N.A. (Nurse's Assistant) on it.

Class III should include such women as can testify to good moral character, although they may know very little or nothing at all about nursing, but who are willing to be taught. We often hear of young girls who have nearly finished high school but for some reason must start out to earn something at once. They may wish to enter a training school but are not old enough to do so. This I think is the reason so many fall prey to the correspondence school. If such an one is tactful, strong, and, in fact, has all these qualifications expected of a pupil nurse, except that she is too young, she might make a good helper. If such a young girl were allowed to register as Nurse's Helper for a year or two under a salary of say five dollars a week until she can enter a good training school this may help do away with the correspondence schools altogether. The Nurse's Helper should also have a uniform, plain light or dark blue gingham, with white collar and bib apron, and to her should also be issued a pin with the letters N.H. (Nurse's Helper). I draw special attention to the pins as these would help both second and third class nurses to protect themselves. Caps should not be worn by any class except the first.

Everywhere is demonstrated the fact that many women not registered are nursing, and if their employers pay them as much or nearly as much as the graduate nurse is paid, who then has any right to say a word. When women not trained can earn such good wages and be kept as busy as they are,—by the doctors and patients,—it is surely no great wonder that our training schools are short of pupils, for it really seems foolish to spend three years in a hospital without pay, if one can nurse without training and receive from fifteen to twenty dollars a week.

I feel confident that should the time come when we can, through our local registries, obtain licensed assistants and helpers, things would soon adjust themselves better all round.

The public would soon see the difference. The care of the sick would virtually be in our hands. The questions who shall or shall not look after the poor and middle class sick in our communities would then

be answered. As soon as such patients could do with a trustworthy assistant, that we or rather our registry was responsible for, expenses of illness would be reduced.

Many of our deserving sick with moderate means cannot afford a graduate nurse more than one or two weeks, and if a nurse when she left could direct a second or third class nurse to take her place, knowing that her patient would continue to do well, it would be a great relief to a conscientious nurse.

The Nurse's Helper we would have to teach some. This could be done in somewhat the same way as a head nurse teaches a pupil the simple rudiments of nursing during the first three or four months in the training school. I would not advocate that a helper should be left to care for a patient in our absence, unless she should prove especially trustworthy.

SOME PHASES OF SCHOOL NURSING *

By LINA L. ROGERS, R.N.
Supervising School Nurse, New York City

The New York Board of Health first considered the extension of the already existing system of medical inspection of public schools, by the establishment of a corps of nurses, in October, 1902.

After a month's experimental work made by one nurse as a demonstration, the results were considered so satisfactory that twelve nurses were appointed, and following the report of this montn's work with twelve nurses in forty-eight schools (four schools for each nurse), the Board of Health considered that the work had passed the experimental stage and had fully demonstrated its practical value as a supplement to the medical inspectors. It was seen that the work of the nurses connected the efforts of the Department of Health with the homes of the children, this supplying the link needed to complete the chain of medical inspection.

As will be seen by studying the early reports of medical inspection, the objective point in the system was *exclusion*. The child was excluded from school, the object being to protect the children *in* school. It is true a number of details looking toward the care of the individual child were in practice. The Department of Health, while not prescribing treatment, gave an exclusion card stating the diagnosis. It was supposed in this

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* Read at the eleventh annual convention of the Nurses' Associated Alumnæ, May, 1908.

way the necessary medical treatment would be secured by the parents. However, from the standpoint of the Department of Education, serious difficulties were soon apparent, resulting from the policy of exclusion. In many cases the excluded children, not fully understanding the instructions, played on the street with their companions as they came out of school and lost or destroyed the cards. In other instances the cards were taken home, but the parents, often ignorant of the English language, did not understand what the child tried to explain and the Latin names were quite uncomprehended. The result was that the majority of such cases received no treatment, especially when the complaints were of an inconspicuous nature and were not considered serious by the parents, such as skin diseases, eye and scalp troubles. In many instances the cards were never looked at, but remained in their sealed envelopes while the child played on the street. Under this system, the number excluded was 10,567 for the month of September, 1902. During the same month in 1903, with the nurses in the schools, only 1101 were excluded. From these numbers, it can be estimated what a serious loss of school time was suffered by the very children who could least afford to lose their schooling, as they belong, almost all, to that class of wage earners who are legally allowed to work at the age of fourteen.

The Department of Health fully realized this aspect of the case and, sympathizing with the Department of Education in the problem of the children's school life, concluded that by using the practical services of the nurse, under a thorough system, the old policy of exclusion might be safely reversed in a large majority of cases and the number of children excluded be reduced very materially. The official figures for the quarter ending December 3, 1903, show that four hundred would be the actual number of exclusions as against 24,538 under the old system. With this purpose in view, keeping in mind not only the health but the education of the child, the former policy of ordering no treatment was also modified and the nurse was instructed by the orders of the Department of Health to give specified local treatment in all cases, which, with care and daily supervision, might safely remain in school. Thus, to illustrate, a case of ringworm which was formerly sent out of school is now retained, being considered innocuous under the care prescribed by the department. At the request of the Board of Health, the Board of Estimate and Apportionment appropriated $30,000 for 1903, to extend the nursing service and place it on a more definite basis. This provided a staff of twenty-seven nurses at a salary of nine hundred dollars each per year, under one supervising nurse, the nurses providing their own board, lodging and current expenses. Eighty-seven schools

were added, making a total of one hundred and twenty-nine (one hundred and twenty-five public and four parochial schools) with an attendance of 219,239 pupils. Schools were selected according to the number of exclusions under the old system. New ones were added as requests came from the medical inspectors and principals of schools, or as the staff of nurses was increased.

The staff was organized and the duties of nurses decided upon as follows: The nurse receives from the supervising nurse the following information. The schools in which she is to perform her duties and the hours for visiting each school. On entering the school for the first time, she reports to the principal and obtains a place in which to work and the method for receiving the children designated by the medical inspector.

The doctor is interviewed and the details obtained from his cards. These cards give the following information: Name of child, disease, date when ordered under treatment, date of exclusion, date of readmission. The nurse keeps a duplicate set of cards for her own use. A code system was devised by which numbers could be used instead of the name of the disease, and reads as follows:

CODE.

1. Diphtheria.	12. Varicella.
2. Pediculosis.	13. Pertussis.
3. Tonsillitis.	14. Mumps.
4. Pediculosis.	15. Zero.
5. Ac. Conjunctivitis.	16. Scabies.
6. Pediculosis.	17. Ringworm.
7. Trachoma.	18. Impetigo.
8. Pediculosis.	19. Favus.
9. Zero.	20. Molluscum Contagiosum.
10. Scarlet Fever.	21. Ac. Coryza.
11. Measles.	

The zero numbers are given to children having no disease so that all may be treated in the same manner.

Cards are kept for each class, and while the nurse prepares the "dressing table," a monitor is sent for a limited number of children. While these are being treated, others are sent for, each child returning to classroom as soon as cared for, thus preventing delay and confusion.

The course of treatment is outlined by the Department of Health and is as follows:

Pediculosis.—Saturate head and hair with equal parts kerosene and sweet oil, next day wash with solution of potassium carbonate (one tea-

spoonful to one quart of water) followed by soap and water. To remove "nits" use *hot* vinegar.

Favus, Ringworm of Scalp.—Mild cases: Scrub with tincture green soap, epilate, cover with flexible collodion. Severe cases: Scrub with tincture green soap, epilate, paint with tincture iodine and cover with flexible collodion.

Ringworm of Face and Body.—Wash with tincture green soap and cover with flexible collodion.

Scabies.—Scrub with tincture green soap, apply sulphur ointment.

Impetigo.—Remove crusts with tincture green soap, apply white precipitate ointment (ammon. hydrarg.).

Molluscum Contagiosum.—Express contents, apply tincture iodine on cotton toothpick probe.

Conjunctivitis.—Irrigate with solution of boric acid.

The supplies used by the nurses are provided by the Department of Education, and are as follows:

1 screen.	Boracic acid powder.
1 cabinet.	Tr. green soap.
2 chairs (1 high).	Collodion
1 table.	Vaseline.
1 scrap basket.	White precipitate ointment.
12 towels.	2 basins (white granite).
Absorbent cotton.	1 glass jar (1 gallon).
Absorbent gauze.	1 ointment jar (glass).
Bandages.	Bichloride mercury tablets.

These are ordered on regular requisitions by the principals of the schools and forwarded to the Department of Education, each school receiving only what is necessary for its own particular use.

The supervising nurse has entire charge of the school nurses, and is responsible for the efficiency and character of the work performed by each nurse, in all boroughs of the city. It is her duty to make arrangements for beginning work in the schools and to see that the necessary supplies are provided by the Department of Education. She also regulates the proper amount of work for each nurse, making whatever changes and transfers are necessary, and inspects the work of each.

The supervising nurse receives the weekly written report of each nurse, which she examines and corrects, before making a general summary which is forwarded to the chief inspector. The nurses report to her once a week in person. Applications for the position of school nurse are made to the supervising nurse, who interviews each applicant and

obtains credentials which she investigates, and forwards result of investigations, with her recommendations to the Board of Health.

To facilitate the smooth running of the medical inspection, there was adopted what is known as the "card index" system, a detailed account of which is given in Dr. Darlington's paper on "Precautions Used by the New York City Department of Health to Prevent the Spread of Contagious Disease in the Schools of the City," from the *Medical News*, January 21, 1905.

A list of the names of children excluded by the medical inspector is left with the clerk in the school. This keeps the school supplied with accurate records of children absent on account of illness. Before leaving the school, the nurse obtains a copy of this list and subsequently visits each child in his home. This part of the work of the school nurses is by far the most important in its direct results, and most far reaching in its direct influence. In the first visits made by the nurses it was amply proven how often the benefits were defeated by the ignorance of the parents. The nurses found the unopened cards behind clocks and on the mantel shelves, they detected the unsanitary conditions which were propagating the very troubles the children were being excluded for:—the whole family using the same towel and other linen, where the child was excluded from school with contagious eye trouble; children not at school equally suffering with pediculosis capitis, the mothers not realizing that it was useless to keep the school child clean if all the others in the family were neglected. Cases were found where the child sent home from school with severe forms of scabies was helping to finish and carry the bundles of sweat shop clothing; bad conditions of drains and sewers, filthy conditions of yards, where delicate children played. Moreover, the nurses discovered many cases of contagious illness. One such illness was that where a nurse, on entering a room without a window, found what seemed to be a bundle of rags on a cot. Upon investigation, she found a man in the last stages of tuberculosis. With such conditions in the homes, it is obvious to all that the work done in the school only must fail to have any real preventive character. The care given to the children in the schools is the ameliorative—that given in the homes the preventive part of the whole.

The nurse's first duty is to explain why the child has been sent home and what is to be done. She instructs the mother and, where necessary, gives practical demonstration. She impresses on the parents the importance of having medical advice, and suggests calling the family physician. If too poor to pay a physician, the proper dispensary is indicated. Her opportunities for advising the family are manifold,

as are also those of reporting to the proper authorities unsanitary conditions and non-observances of the law. When the mother is overburdened with work, or where there are smaller children who cannot be left alone, the nurses make arrangements to have the children taken to the dispensary to ensure the treatment being given. As soon as evidence of treatment can be shown, the child is allowed to return to school, except in extreme cases. The latter are kept on a separate list, and are visited from time to time until able to return.

The experience of the time shows that this careful detail work amply justifies itself by its results.

Pediculosis has almost entirely disappeared where nurses are in attendance at schools.

Some parents at the onset were suspicious and defiant until shown the intentions of the Department of Health. One mother, for instance, was indignant when she learned from her son that "his eyes had to be taken out and scraped." The nurse on entering this home was greeted with a tirade of abuse but, after holding her ground, succeeded in making the explanation with the result that the mother not only consented to have the boy operated on, but invited the nurse to take tea. The general attitude of the poor, however, is that of appreciation as is shown by the following note:

"We are very much obliged to you for dealing so kindly with us, by not sending Sadie home. I am busy working in the store from early morning to late in the night. I will put this salve on her head every night till it is cured."

In 1904, the work was extended, and fifty-two schools were added. The staff of nurses was increased to thirty-three. The general plan of the work remained the same.

In 1905, the staff of nurses was increased to forty-four; one hundred and eighty-one public schools were given into their charge.

Nurses are also assigned to twenty parochial schools and three industrial schools, which are under separate management. Parochial schools are supported by the Church, and industrial schools by Boards of Trustees, the Department of Education allowing fifteen dollars ($15) per capita.

With the purpose of relieving the physicians in the schools of as much routine duty, and giving them as much time as possible for the physical examinations, the nurses were given charge of the routine inspection. This consists of a class to class examination which is done systematically and regularly. The children pass before the nurse, pulling down their eyelids as they pass, the condition of the hands being noted

at the same time; the throat and hair are examined also. The names of those requiring treatment are written on the cards and cared for as their conditions indicate. Before leaving the classroom the nurse gives a few words of general instruction to the children, in regard to regular bathing, hair combing, cleansing teeth and nails, and the proper clothing to wear. The cards are then left for the medical inspector, who fills in the diagnosis when making his morning inspection next day. The nurses, however, have complete charge of the pediculosis cases, and do not refer those to the doctor.

Each nurse is given a group of from two to five schools, or possibly more. The locality, condition of children, and the number in school are taken into consideration in making the selection.

The number of children which one nurse can properly examine each week and take care of is about three thousand. Where conditions are bad, the routine examination should be made every week. In other localities, every second week is sufficient. In 1907, through the efforts of the nurses in the schools, 1,435 pair of glasses were obtained for children with defective vision; 899 operations for adenoids and enlarged tonsils; 262 cases of contagious disease found not reported, and 275 cases referred to the relief societies.

The system as it is carried out at present may be summed up in a few words. A nurse assigned to two schools of 2,000 children each, makes the following routine:

She reports at the first school at 9 o'clock, and from that time until 11 o'clock makes as many classroom inspections as possible. Then she proceeds to the dressing room and from 11 to 12 o'clock treats all cases found during the inspection, and any others who come for daily dressings. Instructions are given to those whose condition does not demand treating. In the afternoon the same program is carried out. When school closes, at 3 P.M., the nurse makes the home visits, five being considered the average for each day. When this is finished, the report is made on a special card and forwarded to the supervising nurse.

Besides New York, several cities have nurses. Boston has twenty-nine nurses; Philadelphia, six; Baltimore, five; and Grand Rapids, five.

Your own beautiful west is not behind, except in numbers, for Los Angeles has three school nurses; Seattle, two; and many other cities are experimenting with a view to making this service part of the medical inspection. The principals tell us that the condition in the school is one hundred per cent. better, and that the attendance has increased seventy-five per cent. What better demonstration can be given of the

importance of keeping the children in a good physical condition, to insure a proper frame of mind to receive the knowledge so freely imparted in the schools?

Since the foregoing was written medical inspection has made a rapid stride in New York City.

An experiment was made during the last six weeks of the school term just closed, to show what results could be obtained by the concentrated efforts of one doctor and one nurse assigned to a single school. The doctor made a thorough physical examination of fifteen children each day, recording the defects found, on cards arranged for the purpose, and turned them over to the nurse.

The nurse, in the meantime, made a classroom inspection and treated those who required slight care and who had seen the doctor for diagnosis. The time required for this was about one and one-half hours, after which the nurse was free to investigate the cases given to her that day by the doctor. The rest of the day was spent in interviewing the parents of the children with physical defects and obtaining their promise to have the defect remedied. The parents who could come to the school to see the nurse did so, as many as eight or ten fathers and mothers coming at one time and waiting to find out just what his or her child required. Many of them said they would take the child at once and get treatment, or would ask the nurse to do so, giving reasons for their inability to attend to it themselves. Written requests were required from parents before the nurse took any child to a dispensary for treatment.

The principal defects met with were enlarged tonsils, adenoids, defective vision, bad teeth and anæmia.

Three schools were selected and in each five hundred children were examined. Over seventy-five per cent. were found to be below the normal condition. Nearly all were gotten under treatment; some parents asked to be allowed to wait until vacation so that the child would not lose classes. One child was found in need of operation for enlarged tonsils and adenoids; required glasses for defective vision; had several teeth to be filled or extracted; and had anæmia and weak lungs. One visit does not always mean good results. Sometimes as many as five visits have to be made before parents realize the importance of having medical care.

An interesting feature is the lack of dispensary accommodation. One nurse found that she could not get treatment for all the children she took, though she was making use of four different dispensaries. Each said she was bringing too many and the regular patients were being excluded.

The experiment has proved to be of such tremendous importance that it is hoped to have a large enough staff to carry it on when school opens in September.

I hope to see school dispensaries established where children may be sent directly from school. The hours should be arranged so that there will be no loss of school time for the children and where our own physicians and nurses will be in attendance. Every one then connected with the work would have the same interest and the responsibility could not be shifted from one division to another.

THE NURSE'S MANAGEMENT OF SHOCK AND HEMORRHAGE

By MARIE LOUIS, R.N.
Graduate of Bellevue Hospital, New York

THERE is probably no emergency in which presence of mind on the part of the nurse is so necessary as in a case of hemorrhage, which is usually accompanied by a greater or less degree of shock.

The experienced, watchful nurse will quickly recognize the symptoms of shock and hemorrhage, and will put forth every effort to do all in her power in behalf of the patient, until medical aid arrives.

The nurse must work quickly and quietly, dismiss every one from the room who cannot be of intelligent assistance, and she should in no way impart to the patient the serious nature of his or her condition.

Post-operative hemorrhage is frequently complicated by shock, and may be either internal or external. If internal, it can be recognized only by the patient's general condition. The principal symptoms are: restlessness, rapid weak pulse, sighing respirations, anxious expression, cold, moist skin, thirst, longing for fresh air, falling temperature, and increasing pallor. In extreme cases there are ringing in the ears, inability to articulate, and if bleeding cannot *then* be controlled, the patient passes into a state of syncope, and death may ensue in less than five minutes.

In all cases of external hemorrhage the most important matter is to control the hemorrhage itself; this can usually be accomplished by position and direct pressure, which can be maintained until the arrival of surgical aid.

If hemorrhage is intra-abdominal, elevate the foot of the bed, thus bringing more blood to the vital organs. The body temperature should be maintained by the application of external heat. This may be effected by placing heated bricks, flat irons or plates, wrapped in old pieces of

flannel, about the patient. Extra blankets should be used, and every possible means practised to restore warmth to the body.

Should the patient be very restless, morphine gr. $^1/_6$ may be given hypodermatically to quiet him. As a rule, it is not advisable to give stimulants, as they increase the blood-pressure, and in this way encourage further loss of blood.

In cases of postpartum hemorrhage, the nurse may not only make use of the preceding treatment, but she will be able to attack the seat of trouble directly, by making use of the well-known Credé's method, by grasping the fundus of the uterus through the abdominal wall, and firmly kneading the same. In regard to medicinal treatment, ergot in dram doses every half hour S.OS. is probably the most efficient means by which the uterus can be encouraged to contract. A saline douche, 120°F., frequently proves a good hemostatic. If, in spite of these measures the bleeding continues, the uterus may be packed tightly with sterile gauze; this, however, should not be done by the nurse unless the patient's life is in danger.

In shock *alone*, symptoms and treatment differ somewhat from those we have previously described.

The patient lies in a helpless condition, the skin is pale, and feels cold and clammy to the touch, the pulse is rapid and feeble, the respirations are slow and shallow, and the temperature is frequently subnormal. The entire muscular system is in a state of relaxation, and there may also be a partial loss of consciousness, whereas in hemorrhage the patient's mind remains clear until the condition becomes grave.

To combat shock, stimulation is indicated at once. Whiskey or brandy one-half to one ounce in six ounces of hot normal saline, may be given per rectum, or strong black coffee may be substituted. The patient should be kept warm by applications of external heat. Friction will frequently help the lagging circulation when applied to the extremities, rubbing always toward the heart. The foot of the bed should be elevated, in order to assist the return flow of blood from the lower extremities.

In all cases of severe shock and hemorrhage the nurse should have on hand plenty of hot and cold sterile salt solution, and prepare for intravenous infusion, in order that no time may be lost on the arrival of the physician.

Hemorrhage and shock are among the serious conditions which may occur at any time or place. Frequently the doctor is not immediately available, and under these circumstances, the presence of a trained nurse, who is prepared to bring first aid, may save a life.

ERYSIPELAS—A FEW OBSERVATIONS

By STELLA KATHLEEN KENNY, R.N.
Graduate of Methodist Episcopal Hospital, Brooklyn, N. Y.

We read from time to time interesting papers on obstetrics, typhoid, and other departments of nursing too numerous to mention, but I don't remember having seen anything about erysipelas. Fate having frequently led me into its paths, I have become pretty well acquainted with it, more so than with anything else during my brief career as a private nurse,—with the exception of obstetrics,—so I have here jotted down a few observations, hoping that there may be something among them of interest to some one else.

Erysipelas, otherwise known as rose, St. Anthony's fire, is recognized in two ways: *traumatic,* which occurs in connection with some wound or external injury, and may thus affect any part of the body; or *idiopathic,* in which no connection of this kind can be traced, but where it seems to arise spontaneously and most commonly affects the face and head, but it is believed by some authorities that in almost every case some slight abrasion of the skin too trifling to be noticed, is the starting point. It is still a disputed question whether erysipelas is to be regarded as an eruptive fever as scarlet fever, measles, etc., or a local inflammatory condition of the skin, fever being secondary. The latter theory seems to have gained greater favor, one point in evidence being that an attack of erysipelas predisposes to a second one. Such is not the case in the eruptive fevers.

The *idiopathic,*—to which I shall principally confine my remarks,—frequently follows a low condition of health or some other illness, and usually commences with the patient's complaining of feeling sick, languid, drowsy, etc., followed by a local condition showing a red, painful swelling on the side of the nose, cheek or ear. This spreads very rapidly over the same side of the face, crossing, probably next day, to the other side. The features become greatly swollen and distorted, the eyelids swelling so that the patient may be blind for a couple of days.

Though the death-rate is low, serious and sometimes fatal results have occurred from inflammation of the membranes of the brain, and death has been reported from suffocation, the inflammation having spread into and down the throat. Invariably the mouth is affected and will require frequent cleansing,—a mild solution of peroxide and soda is useful here,—and the eyes are relieved by bathing with boric acid solution.

As it spreads over the new area it gradually dies away on the original site, much as a field afire. On one case (following mastoiditis) the affection, which had in turn involved either ear and back of the head (I have still a very vivid recollection of the patient's misery trying to lie in the least agonizing position), and having completed the circle, again reached the original ear, and started again on its round. On the doctor's appearance, remarking my discouragement, he consoled me with the comforting manner of Job's friends by saying: "Don't feel discouraged, I have seen it go around the head three times." I am thankful to state that his statement has been the extent of any such experience for me, the case in question subsiding with a second invasion of the ear and cheek.

Sometimes pus will appear in the form of pustules. I remember one case in which the patient was very badly pitted from smallpox, the pits forming a favorable ground for this condition. The pustules were opened with a needle and freely bathed with bichloride solution.

It frequently behaves in a very obstinate manner and till I became better acquainted with it, disappointed me several times by breaking out afresh, when I thought the fire was out,—in one case the temperature rose to 104° from 99° in one day.

The question has been raised as to the result of erysipelas on the hair. I have heard of one case where the inflammation spread into the hair, and the skin came off in large patches, bringing the hair with it and leaving the patient bald, the condition requiring the use of a wig for some time. In my own experience there was only one patient whose hair was affected, and it had begun to fall after the bandages were removed for mastoiditis, before the erysipelas set in, so it is impossible to say how much of the condition was due to the erysipelas.

Treatment.—The treatment, of course, to a large extent depends on the attending physician, but ichthyol, either in solution or ointment, is invariably used locally. The solution has the advantage of drying before the lint need be applied, and in that way the lint does not absorb the solution away from the area, nor does it stick, as does the ointment, though that condition can be overcome by soaking the dressing with warm water before removal. The area is carefully cleansed with warm water and absorbent cotton, the greatest care and most gentle touch being exercised, as to touch the surface is torture; the ichthyol is most generously applied, extending an inch or so beyond the line, in the endeavor to check the spread, then covered with lint, a mask being made for the face. As every one knows who has used it, ichthyol is rather detrimental to good linen, so old linen and night clothes are invaluable.

I have sometimes found a piece of new, unbleached muslin laid over the pillow of great service in protecting pillow and case, as it does not readily absorb, and if the patient's head is bandaged he will not notice the texture of the muslin.

Painting a line around the surface with iodine at a distance of several inches has been frequently done to prevent the spread, but that plan often fails, and in one case though a weak solution was used at a distance of six or eight inches, it caused the patient severe pain. I suppose the entire skin was sensitive. In another case, by the patient's request the doctor allowed it, and the mental relief, if not physical, was quite marked.

Credé's ointment by inunction has been prescribed by one physician, and whether for that reason or some other, the fact remains that the cases in which it was used made a much more rapid recovery than any others. The ointment was used for a systemic effect in conjunction with the ichthyol locally.

Iron is frequently prescribed, which will likely call for catharsis. Gastric disturbances are not infrequent, and considerable distress may be added by abdominal gas, one patient frequently averring that she experienced more relief from enemata given for that cause than almost any other part of her treatment. The patient usually suffers intensely at the onset, and experience has taught me to ask the physician for a hypnotic for the first one or two nights.

As to diet, that will also depend on the physician in charge. Some doctors only allow fluids as long as the temperature is elevated; but others will allow anything the patient can take, the condition of the mouth and general feeling of abject wretchedness reducing it to a very light bill of fare; but it is desirable that as much nourishment as possible be taken.

The disease arises very rapidly and disappears quickly, though it may not seem so at the time, the most of it usually being over in a week or ten days; and as the inflammation dies away, the skin is left in a stretched, scaly condition, which a liberal supply of cold cream applied nightly will remedy.

It is not certain that the disease, in its idiopathic form, is contagious to persons having no wound or abrasion, but we should take no chances on laying ourselves open to infection or in spreading it to others. Our good friend, the old newspaper, in which to wrap dressings for the furnace, will again prove a friend in need, and antiseptic measures in the case of nurse's hands and of the patient's clothes and bedding will, of course, be observed. The room should also be fumigated. After a

disinfecting bath and shampoo, the patient may emerge with a more beautiful complexion than she ever had before. One woman did tell me that she would be *almost* willing to go through a second attack for the benefit of her complexion, but I think most of us who have seen it, will be willing to live along with the one we have, rather than pay the price.

It is a most loathsome disease, but is rather interesting to watch, and one that, I think, repays the nurse well for her care.

THE NURSE AS AN ANÆSTHETIST

By J. M. BALDY, M.D.

(The following extract from the address of the president of the American Gynæcological Society, delivered at its meeting in Philadelphia in May, is kindly send us by Dr. Baldy who believes that nurses as well as physicians would do well to consider its suggestions. In the opening sentences of the address there are a few words in regard to the depletion of the ranks of physicians by death and retirement and the necessity for bringing in new recruits as workers, which are applicable to the nursing profession also.—Ed.)

The general administration of anæsthetics as performed today is the shame of modern surgery, is a disgrace to a learned profession and if the full unvarnished truth concerning it were known to the laity at large, it would be but a short while before it were interfered with by legislative means—and properly so. In the traditions of our profession the poor receive as good service as the rich, so in the matter of anæsthetics is this true only with this difference: in the first instance they both receive the best that is in us, in the latter they both receive the worst. Who of you is not familiar with the patient coming for a possible operation whose one dread is the approaching anæsthetic, a dread born of a past personal experience or the experience of a friend? Who of you is not familiar with the terrible struggle for breath so common to the etherizing room of the past, the congested blackened face, the prolonged anæsthesia, the patient only partly relaxed, the delay in the operation, the difficulties of the manipulation after an operation begun, the heartsickness at a difficult and delicate operation made doubly and trebly so from the unnecessary chances of sepsis, hemorrhage and shock, the feeling of a patient lost from no lack of skill of your own, the slipping of a ligature and a secondary operation or death, the immediate death on the table from failure of the heart, drowning due to inspired sputum, the vomiting on the operating table to the detriment of the

operation, the prolonged after-period of nausea and vomiting to the great suffering and misery of the patient, the inspiration pneumonia and other pulmonary complications, the nephritis and urinary suppressions all due in great part to faulty anæsthesia? How many deaths at the time of the operation, shortly after operation, or some days or weeks later are due to the same cause? What relation does the anæsthetic bear to the large group of pulmonary complications reported from so many different sources and what is its relation to the thromboses and embolisms which have in the past caused so much suffering and disaster? What of the fatty degenerations of the liver, heart, and kidneys? Who can tell? This fact is certain, however, more deaths following operations are due directly and indirectly to the administration of the anæsthetic than the profession in the past has dreamed of. Wherein lies the fault and where is the remedy? The present long-established and time-honored custom of having the anæsthetic administered in hospitals by the resident physicians, in private homes by any available doctor in the neighborhood, is to be condemned. The man who is able and ready to pay any amount of money for the services of the most skilful surgeon available has his life and those of his family unknowingly put at the mercy of a boy just from his books with absolutely no practical knowledge of anæsthetics and with less teaching. One has only to recall his own experience and feelings during the first few weeks of his apprenticeship at anæsthesia to realize how thoroughly at the mercy of chance was the survival of the patient and how utterly helpless he would have been had anything gone wrong. Is it an exaggeration then to call such a condition a disgrace to the profession of medicine?

Who is to blame for this state of affairs? The young men to whom the anæsthetic is relegated? By no means. As a rule they are a hard-working, well-meaning and enthusiastic body of men eager for knowledge and faithful to every trust. The anæsthetic is placed in their hands and they do the best they know how and are in no way to be blamed if, although ignorant and inexperienced, they are placed in a position of trust in the operating room second in importance only to that of the surgeon. Are hospital managers at fault? It would seem not. They accept the customs of the past as they find them, and if the medical men on whom they depend for instruction in medical matters are so derelict in their observation, knowledge, and duty as to remain content, who can find fault with the hospital management? Who then is at fault in this most grave matter? We ourselves, and we alone, members of the medical profession. We have remained too long bound by the traditions of the dark ages of surgery, we have so devoted our attention

to the discovery of new operations and to the development of their technic that we have too long forgotten one of the most vital points in our operating rooms. Unless we arise shortly to the importance of this reform, ourselves, an awakened public opinion will take charge of the matter and legislate us into a safer position. Fortunately the reform is in sight. Occasionally we hear an isolated voice raised against the continuation of this state of affairs, a protest which is lost in the general activities of professional life. In a few bright spots we see an effort made to reform with an isolated hospital here or there employing a salaried anæsthetizer. And herein lies the remedy,—a salaried anæsthetizer in each and every hospital in the land with a salary of sufficient size to attract to the service men of proper intelligence.

Dollars and cents will be an important item in the success of this movement and a sufficient sum to entice a young man of brains for any great number of years away from a full professional life with all its rewards will be found difficult to raise. Fortunately, however, woman offers a solution to the problem. The qualities of a woman are just those requisite to quiet and soothe a frightened or timid patient approaching the anæsthetic and she is the better qualified to devote her whole attention to her work from the fact of her having no ambition to do surgery and therefore having less incentive to neglect her anæsthetic in order to watch the manipulation of the surgeon. In addition, is not her very timidity an advantage in that it makes her realize more fully her responsibilities and keeps her more attentive? And finally an amount of salary which will prove attractive and permanently remunerative to her would be no temptation to a physician who had the fuller field of professional remuneration ahead of him should he prove a success. Women have been tried in this capacity with the greatest success and the matter is beyond the experimental stage. Many brainy women, fully capable of being trained to this responsible position, have entered the nursing profession and it is from this source we may look for a solution of our difficulties. Women are being tried and are proving most satisfactory as anæsthetists, and it will be a bright day of advance in the technic of the operating room when their services are more generally adopted. It is only those of us who have been so fortunate as to have at our service a skilful and competent anæsthetizer who can fully appreciate the difference in results both as to the satisfaction of doing our work, the celerity and safety of its execution, and the comfort and safety of the patient both during and after the operation. It behooves the medical profession to arouse itself to the importance of this reform before the public fully realizes the situation and takes the matter into

its own hands. And it is befitting us as a scientific and surgical body to once more take the lead and point the way to the surgical world to the one great reform remaining in the perfection of our technic.

LESSONS IN DIETETICS

By MARY C. WHEELER

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(Continued from page 906)

FOODS DERIVED FROM MILK

(Whey, Cream, Butter, Buttermilk, Koumiss, Casein Preparations, Cheese)

WHEY is the fluid which exudes from clotted milk. It may be prepared by adding to thirty ounces of milk, heated to 104° F., two teaspoonfuls of rennet and setting aside in a warm place for a few moments till clotting has occurred. The clot must then be broken up very thoroughly by stirring and the whole strained through muslin. About twenty-two ounces of whey should be obtained. It is composed of: water, 93.64 per cent.; proteid, 0.82 per cent.; fat, 0.24 per cent.; sugar, 4.65 per cent.; mineral matter, 0.65 per cent.

Whey can also be made by precipitating the casein by means of an acid, *i.e.*, a sour wine; by Fairchild's essence of pepsin, or by alum. Whey has but small nutritive value but is often an aid in the feeding of infants.

Cream. Cream consists essentially of the fat of milk, containing also proteid and sugar in fully as high proportion as milk itself. The real difference between milk and cream is that in the latter some of the water of the milk has been replaced by fat. In a physiological sense, cream is chiefly to be regarded as fuel food. It has been calculated that a pint of it should yield about 1425 calories or about as much as one and a half pounds of bread or one and a half dozen of bananas or four and a half pounds of potatoes.

In sick-room diet, it is an important aid in getting fat into the system, for it is a very easily digested form of fat. Cream, however, is not an economical source of fat.

Butter. Butter is produced from cream by churning. The flavor and aroma of butter are due to the growth of organisms in the cream during ripening; butter prepared from pasteurized cream is devoid of

flavor. The trace of casein which remains in the butter may decompose on keeping and is apt to turn the butter rancid. The presence of water in the butter facilitates this change. The exact amount of fat in butter varies but averages about 82 per cent., or twice as much as the amount in cream. Butter is the most easily digested of fatty foods and is, therefore, of great value in the diet of sickness. As far as nourishment is concerned, a pound of drippings is more than the equal of a pound of butter and costs only half as much.

Buttermilk. The sourness of buttermilk is due to the presence of lactic acid, of which, however, it does not contain more than ¼ to ⅓ per cent. The chief point in which it differs from milk is its poverty in fat. In this respect it resembles skim milk. The loss of milk-sugar from the formation of lactic acid is too small to be of any significance. It is easily digested owing to the absence of fat and to the fact that its casein is present in a finely floculent form. Its nutritive value is considerable, an ordinary glassful yielding about as much nourishment as two ounces of bread.

Koumiss. Koumiss is fermented mare's milk. Kephir is a more modern substitute for it, produced from the milk of the cow. Kephir is much more easily digested than raw cow's milk.

Casein Preparations. In practical dietetics, the want of a tasteless, compact, easily digested and moderately cheap preparation of pure proteid is often felt. Casein is admirably adapted to meet these requirements. Pure casein is prepared on a large scale and forms a white powder not unlike flour and is termed protein flour.

Sanose is a powder consisting of 80 per cent. of pure casein and 20 per cent. of albumose derived from white of egg.

Plasmon consists of proteids of milk rendered soluble by combination with bicarbonate of soda.

The nutritive value of these preparations is undoubtedly very high, containing as they do fully 90 per cent. of pure proteid.

Cheese. Cheese consists essentially of the casein and fat of milk. It may be prepared in two ways:

1. The milk may be allowed to clot under the influence of rennet. If pure milk be so treated, the resulting cheese will contain most of the fat, *e.g.*, cheddar,—and the proportion of fat may be rendered still greater by adding cream to the milk, *e.g.*, some forms of stilton. In other cases, part of the cream is removed by skimming. In that case the cheese will be proportionately poor in fat, *e.g.*, some Dutch cheeses.

2. The casein may be precipitated by allowing the milk to become sour or by adding to it an acid, such as vinegar. Under these circum-

stances the casein carries down with it but little fat and the cheese produced is a "lean" cheese, *e.g.*, some Dutch and German cheeses.

After being submitted to pressure, the cheese is allowed to "ripen." This process is brought about by the agency of bacteria and results in chemical changes in the casein which are not as yet perfectly understood.

The infiltration of cheese with the fat which it contains must always render it an article of diet not easily dealt with by delicate stomachs, for the fat forms a waterproof coating, which prevents the access of the digestive juices to the casein.

One reason for the disagreeable effects which cheese is apt to produce in the stomach is that, in the process of ripening, small quantities of fatty acids are produced, and these are always irritating. The addition of an alkali in the solution of the cheese will neutralize these and render them less harmful. It is only in the stomach that the difficulty of digesting cheese occurs; once in the intestine, it is absorbed as easily and completely as meat. Cheese is of high nutritive value. One pound of good cheese represents the total casein and most of the fat in a gallon of milk.

LIFE'S EXAMINATIONS

THOUSANDS of graduates are going out this summer from school and college with a keen sense of relief because examinations are over. They are greatly mistaken. They are entering on the period of examinations, but of what will be to them a new description. The school has asked them, What do you know? Life will ask them, What can you do? And Life accepts no excuses.

* * * * * * * *

Scholarship is not an end, it is a means to an end. The end is life—ability to serve and ability to enjoy. For to enjoy life is perhaps as important as to minister to it, and to be is certainly more important than to do. And yet these are not contrasted ends. For ability to achieve valuable service is the best test of character, and the secret of unfailing enjoyment of life in one's self is ability to minister to the life of others. These are the two questions which life is always putting to us, What capacity have you to do and what to enjoy? and every day is an examination day. The real test of a school or college is not, How much do its pupils know? but, How well equipped are they for joyous, serviceable living?—*The Outlook.*

HOUSEKEEPING FOR TWO

By ANNA B. HAMMAN

(Continued from page 903)

Green Corn. This is one of the more nutritious of our green vegetables. Most of them are valuable chiefly for their salts, and it is most important that we should have them, but when we eat corn, peas and beans we may feel that we are also adding materially to the day's food supply. It is not so difficult to cook good corn as it is to get good corn to cook. The shorter the time between the pulling of the ears and the cooking, the better. If the silk is well-dried, the corn is old. Pull apart the husk a little and put the thumb nail into a kernel. If the corn is young and tender and hasn't been kept too long, the milky juice will spurt out. Take off the husks, pick out the silk and put the ears into a kettle of boiling salted water. Let them boil gently, uncovered, twenty minutes. Drain and serve.

Broiled Chicken. This is the season for broilers. They can be cooked nicely in the gas broiler. If you buy them at the market, the butcher will split them for broiling, if you wish. If you get them elsewhere, you will probably have to split them. After singeing and wiping the chicken, take a strong, sharp knife and make a cut through the back bone from head to tail, lay open the chicken and remove the contents from the cavity. Cleanse thoroughly inside and out with a damp cloth and wipe dry. Put on the broiler, which should first be heated, and brown both sides nicely. Then place farther from flame, with flesh side towards the fire, to finish cooking. It should cook in about twenty minutes. Put on a hot platter, dot over with butter and sprinkle with salt.

If no broiler is available, try cooking the chickens in the oven. Prepare them as for broiling, put them in a pan, sprinkle with salt and pepper, spread them with soft butter, and put into a very hot oven. It will take longer to cook them in the oven than to broil them.

They can also be cooked on top of the stove in a hot frying pan, with a little clarified butter, or in the blazer of a chafing dish.

To clarify the butter, put it in a saucepan and heat it slowly. The buttermilk will rise in a white froth to the top, and the salt will settle to the bottom. Skim off the buttermilk, and pour the butter off from the salt. You have then a clear, yellow oil, which will not burn as easily as the butter does when the salt is left in.

Among the good things coming into market now are sweet potatoes.

The medium-sized or small potatoes are usually better than the large ones. For baking they should be scrubbed clean with a brush, wiped dry and put into a moderate oven. Small ones will bake in a half hour.

Browned Sweet Potatoes. Wash the potatoes and put them into boiling water. Boil until tender, drain, cool and peel them. Cut in sections lengthwise and brown them in a frying pan in a little clarified butter.

A Simple Peach Dessert. The best way to use fruit is to eat the beautiful, fresh, sound fruit itself without additions. It is something of a crime to mutilate it and mix it with all manner of things unnecessary, but there are always people about who haven't cultivated, or rather who have spoiled, their taste for fresh fruit, so we need to know some simple ways of making it palatable and attractive. For the peach dessert, select two or three fine ripe peaches, and after peeling and stoning them, press the pulp through a sieve. Sweeten to taste. Beat the white of an egg very stiff and beat it into the pulp. Then add a half cup of thick whipped cream. Pile lightly in a dish and chill.

Peaches Cooked in Syrup. When for any reason it is undesirable to eat the fresh peaches, they may be eaten, perhaps, if cooked. Cook together one cup of water and one-half cup of sugar five minutes. Peel the peaches and cut them in halves. Drop them in the boiling syrup and cook them gently, so that they may not break, until tender. Lift them out with a silver fork, cook the syrup down a little if it is thin, and pour it over the peaches. Let the sauce get thoroughly cold and serve it with whipped cream.

Transplantation of Joints.—The *New York Medical Journal*, quoting from *Zentralblatt fur Chirurgie*, says: Buchmann, in two cases of bony ankylosis of the elbow-joint, resected the joint and transplanted the first metatarsophalangeal joint, which he selected on account of its powers of extension and flexion with practically no lateral movement. He concludes that joints can be transplanted as easily as the long bones. The resection of the elbow-joint must be quite broad between the head of the radius and the condyles of the humerus. Suture of the bone is unnecessary. The motions of the new joint are painless to as great an extent as the contracted muscles permit. No bad results to the foot follow the extirpation of the first metatarsophalangeal joint. In the two cases operated on, the results were good.

THE FIELD HOSPITAL

RED CROSS WORK

MY EXPERIENCE AS A RED CROSS NURSE

By ANNA MARION BEADLE, R.N.
Graduate of the New York Post-Graduate Hospital

Since we are learning more about the Red Cross, and becoming more interested, perhaps my experience as a Red Cross nurse at Hattiesburg, Mississippi, caring for the tornado sufferers, will not seem trite. It may be of interest to know how the work is done at such a time.

The village of Purvis, eighteen miles from the city of Hattiesburg, was almost entirely destroyed by the tornado. Sixty people were killed and about two hundred injured. The patients were taken by train to the hospitals in Hattiesburg and all available vacancies were utilized, after which army tents were put up for the remaining patients.

Our work was chiefly surgical. There were many fractures, scalp wounds, infections, etc. One case of erysipelas developed but very good recovery was made.

The Red Cross nurses were placed on duty wherever the tornado patients were located. We were transferred to the different hospitals so that each nurse had experience in the "tents" or field hospital. The United States hospital corps men assisted us, as male nurses, and we also had colored attendants.

The "tents" were prettily situated in two rows underneath the trees near the Gulf and Ship Island Hospital. To the nurse who is not familiar with field hospitals, it is quite novel and most interesting. On my first visit to the "tents" I was immediately impressed with the perfect hospital equipment and was anxious to work in them.

The surgical tent was most complete. It contained the water and dressing sterilizers, supply closet, gas stove, temporary operating table, water supply, electric lights, and army chests, in which were surgical supplies, medicines, etc.

Another tent was known as the office tent. The patients' records were kept here and here the doctors' orders were left at the end of "rounds." The remaining tents were occupied by patients. Each tent was nicely fitted up with a substantial floor, either three or four hospital beds, and electric lights. Being located in a city, and not at the place

of devastation, lighting, water supply, and sanitary conditions were easily perfected.

Two adjoining tents served as a dining tent for the patients who were able to be up. Sidewalks were placed the entire length of the hospital field. Every comfort and convenience for both nurses and patients were carefully considered and too much praise cannot be given the government officials who were in charge of the relief work.

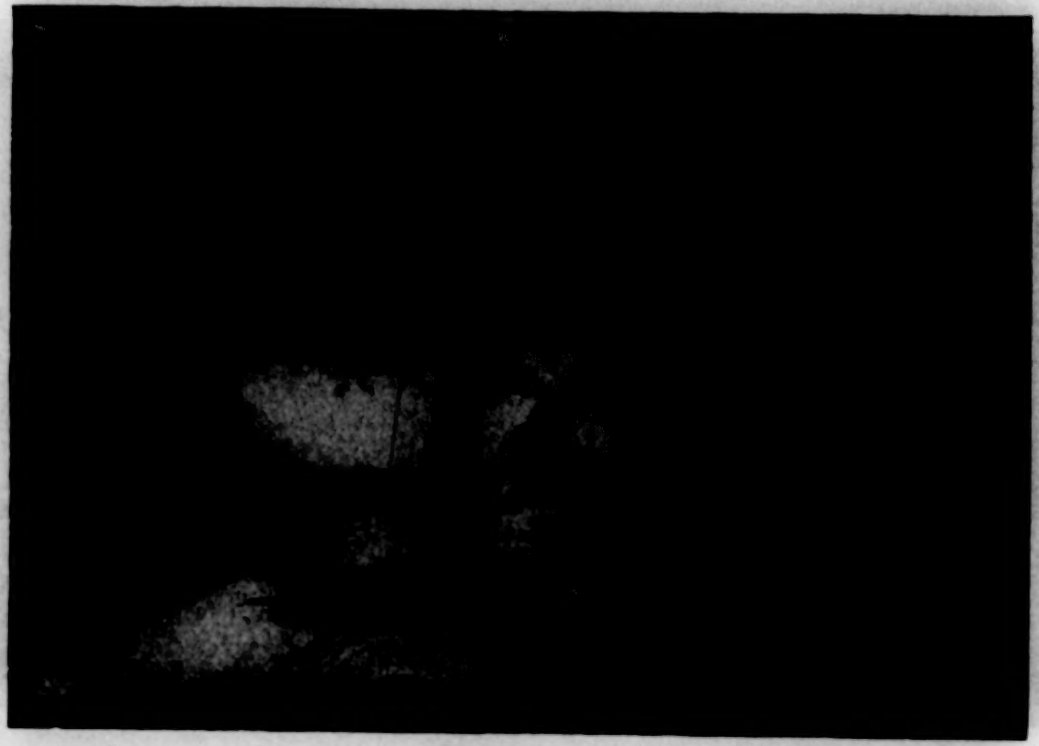
We visited Purvis, the stricken village. It beggars description and the painful experiences told us by the sufferers were most pathetic. To me it was indeed a satisfaction to be able to care for those who were in dire distress and need. It made me fully realize what the Red Cross means, and I wondered why the humane endeavor of such a worthy society does not appeal to more nurses.

We were received with every courtesy by the people of the south, and my entire experience as a Red Cross nurse was most heartily enjoyed.

ITEM

SINCE our last report, the following nurses have enrolled in the New York State Branch of the American National Red Cross: J. Estelle Miner, R.N., New York City; Lottie S. Argabrite, R.N., New York City; Nora Brown, R.N., New York City; Emma Frances Giblyn, R.N., New York City; Edith Agnes Hentchel, R.N., New York City; Jane Theresa Taylor, R.N., Panama; Martha Montague Russell, R.N., New York City; Agnes Gertrude Queenen, R.N., New York City; Gladys Anne Christopher, R.N., Troy; Eudocia Jeanette Higley, R.N., Troy; Guy C. Wolcott Ross, R.N., New York City; Eleanor M. Scott, R.N., Rochester; Edith Kelly, R.N., New York City; Minnie E. Lumney, R.N., New York City; Agnes S. Ward, R.N., New York City; Anna J. Brambach, R.N., Panama; Edith Abrams, R.N., New York City; Ida M. Collins, R.N., Troy; Grace A. Stiles, R.N., Troy; Martha Jane Stewart, R.N., Troy; Carolyn A. Wagner, R.N., Troy; Laura B. Bunting, R.N., New York City.

TENT FOR PATIENTS



MESS TENT

NURSING IN MISSION STATIONS

In September, 1906, St. Luke's Hospital, Shanghai, China, completed its fortieth year of service. Accurate records have not been kept during all these years, but estimating from recent reports it seems probable that over half a million Chinese and others have been treated there. The staff at present consists of four doctors and a nurse, Miss Bender, who describes the hospital thus:

"I believe this hospital would be a great surprise to many people at home, if they could see it. It certainly was so to me. The building itself is a really fine one, with large airy wards, quite like the ones we have at home. The Chapel is in extremely good taste, plain and neat with some very attractive pictures of our Lord's parables done by a Chinese artist. The operating room is equal to any we have at home, while the sun-room is absolutely all one could wish for. There are birds, fishes, flowers, a monkey, and many other things which furnish amusement for convalescent patients. That which delights my soul the most is the two poles on which the stars and stripes and the Chinese dragon flag are hung on festal occasions. Of course the nursing is not all one would like to have it, but it is wonderfully good for China, and, some day, by God's grace and the help of good friends at home we are going to have it really good."

Dr. W. H. Jefferys, in one of the annual reports of the hospital, gives some interesting facts in regard to the native ideas of the treatment of disease in China from which we quote.

"My assistant, at my behest, went once last winter to consult a native practitioner for a severe cough and allowed himself to be prescribed for. Here is the actual prescription on paper. It gives the patient's name, then the diagnosis of the trouble. This is followed by a statement of the condition of the pulses on which the diagnosis was made. Finally it calls for the thirteen drugs which I put into thirteen foreign bottles, partly for convenience, but chiefly in order that I might live in the same house with them, and other Chinese drugs. They should each be wrapped in a separate white paper and then all together in a red sheet. The thirteen drugs are as follows:

"Baked barley,
Sugar,
Mashed beans,
Bamboo shavings,
A root,
Another root,
Still another root,
Chalk,
Melon seeds,
Mashed and fermented melon seeds,
A mashed pebble,
Some wild flowers,
A broken clam shell.

"The prescription calls for the boiling together of these ingredients in a large quantity of water and for the whole to be taken rapidly at one dose. That for a cough! It does seem as if the doctor must have hit the mark somehow, with so many shot in his gun.

"Other drugs in common use are cockroaches, fossils, rhinoceros skin, shavings, silk worms, crude calomel, human secretions, rhubarb, asbestos, moths, oyster shells, maggots, centipedes, caterpillars, toads, lizzards, and cicada shells. Just why cicada shells should be the great nervous sedative of China it is not easy to see. In most of their animal drugs the Chinese are strictly homeopathic in aim, barring dosage, as when they give tigers' bones as a tonic in debility, because the tiger is such a strong animal; but this cicada business seems to work on strictly allopathic lines.

"As Dr. Williams says, 'anything indeed that is thoroughly disgusting in the three kingdoms of nature, is considered good for medicinal use,' and the worst of it all is, they do not just take medicine as we do, they literally and truly 'eat' it, so large is the size of the average dose. The word for this function in China is *Chuh*, to eat. I have a Chinese pill, a tonic for the weak, and it measures an inch across and weighs half an ounce. Here are smaller ones for bronchitis. The dose is about one hundred and fifty pills. Here is the dragon-festival powder, of which the average dose is two tablespoonfuls to a man, at the feast, to keep off evil spirits, which is of course considered a distinct disease by the Chinese. Such is the internal medicine of China.

"Chinese hygiene is almost unspeakable. It is said that one smells China a hundred miles out to sea. A fellow missionary used to send outside of the city gate of Wusih every day to get his drinking water where it was supposed to be a bit less terrible than near his house, the natural place for a native to take it from. I happened one morning to be passing through the gate and took a photograph of the crystal stream. There was a huge dead dog in the centre of the picture. Now, my friend probably gets his water from some other spot, but it is a matter of mere sentiment after all, for, aside from the idea involved, it is not probable that he has improved his condition a whit. If it is not dog, it is something worse. The facts that the nation lives out of

MISS BENDER IN THE WOMAN'S DISPENSARY

doors, that it does not drink milk at all and never drinks cold water, are probably responsible for its being 'still about.'

"Surgery, or external medicine, is represented by several procedures, operative and otherwise. Such a poultice as half a raw chicken is common, and nearly every patient that comes to us has one of the large gummy opium plasters on some carefully selected spot. These latter have probably the suggestion of therapeutic value. A set of surgical knives are never used to cut, but merely to dig and gouge. Practically they are chiropody instruments. Why do they not cut with them? Simply because they cannot control hemorrhage. Our patients do not, except when they come directly from some foreign *hong*, show that they have even the knowledge of the stick and handkerchief tourniquet. They usually stuff the wound with tobacco, earth, or a filthy rag. If a member is all but removed by accident, the Chinese have been known to assist mildly in severing the last link.

"The surgical instrument best known to the Chinese is the deadly acupuncture needle, and I say deadly with the full weight of the word. It is used to produce counterirritation, and there are one hundred spots known to the surgeon into which it may be stuck without resulting in immediate death. The muscles are the favorite choice, but I have seen the result of these filthy needles having been passed into hernial sacs, and I have had two patients come to us for treatment for general infection of the eye which was caused by these needles having been passed clean (or rather dirty) through the eyeball in the treatment of trachoma. It is needless to say there resulted all that could be desired in the way of a handsome counterirritation and that the total loss of the eye in each case was the end thereof. For this, however, the Chinese surgeon did not take the blame, because the patient could still see a little two days after the operation. Abscesses are treated by the needles, but if, by any chance, anything threatens to leak out of the abscess through the puncture hole, the surgeon immediately slaps on a large plaster to stick it up tight."

Miss Bender is still largely occupied in learning the language, but she has almost entire charge in the woman's out-patient department, and is encouraged by the fact that the attendance is increasing. "On two special afternoons I dressed, with the help of a native worker, forty patients. To have any knowledge of what a dressing really can mean, one must work in China. I have had babies when literally every inch was bandaged with the exception of eyes, nose and mouth.

"If we had at least six well-trained nurses from home, one in charge of each ward, we might be able to do great things, but of course that is out of the question and we mean to do great things without the

nurses and to bear in mind that not *failure* but *low aim* is crime, and what is better yet that, 'through *God* we *will* do great acts.'"

ITEMS

Spirit of Missions announces the appointment of Miss Anna I. Henry, of Topeka, Kansas, as missionary nurse to the Philippines.

The Quarterly of the Illinois State Association states that Miss May Elsey, a graduate of the Presbyterian Hospital, Chicago, class of 1907, has been appointed by the Presbyterian Board of Missions as head nurse of a hospital in Persia and that she will sail in the fall to take up the work.

The British Journal of Nursing for July 25 gives an account of the recent graduation of three native nurses, the first pupils of the American Training School, at Beirut, Syria. They were trained by Miss Jane E. VanZandt, a graduate of the New York Post-Graduate Hospital, assisted by the missionary medical men, Drs. Post and Moore. The nurses are Armenians, and they have a three years' course with both theoretical and practical instruction. There are six pupils in the school.

A NURSE is needed for Korea at once, for the station at Tai Ku. One of the workers at the station describes the situation thus: "The salary is, of course, not munificent, being $625 or $750 a year, but the opportunity for doing good service to a needy people is a splendid one. Her work would be the care of the missionary families and to be housekeeper and trainer of native nurses in the hospital, which is a modern one, and Dr. Johnson is a delightful man to work with. There are seven families at Tai Ku, which is on the railroad from Fusan to Seoul." Inquiries should be addressed to Dr. A. J. Brown, Presbyterian Board of Missions, 156 Fifth Avenue, New York City.

GUARDING EYE-DROPS.—The *American Journal of Surgery* says: In prescribing eye-drops, order a dropper to be placed in the bottle in place of a cork, as a stopper. It will always be at hand and always clean, and the solution will not be contaminated.

HE gains the prize who can the most endure, who faces issues, he who never shirks, who waits and watches and who always works. (Selected.)

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

THE CONQUEST OF THE VENEREAL DISEASES.—Dr. Havelock Ellis says in the *Medical Record* that there are four methods by which in the more enlightened countries venereal disease is now beginning to be combated: 1. By proclaiming openly that the venereal diseases are diseases like any other disease, although more subtle and terrible than most, which may attack any one, from the unborn baby to its grandmother, and that they are not more than other diseases, the shameful penalties of sin, from which relief is only to be sought, if at all, by stealth, but human calamities. 2. By adopting methods of securing official information concerning the extent, distribution, and variation of venereal disease, through the already recognized plan of notification and otherwise, and by providing facilities for treatment, especially for free treatment, as may be found necessary. 3. By training the individual sense of moral responsibility so that every member of the community may realize that to inflict a serious disease on another person, even only as a result of reckless negligence, is a more serious offense than if he or she had used the knife or the gun or poison as the method of attack, and that it is necessary to introduce special legal provision in every country to assist the recovery of damages for such injuries, and to inflict penalties by loss of liberty or otherwise. 4. By the spread of hygienic knowledge so that all adolescents, youths and girls alike, may be furnished at the outset of adult life with an equipment of information which will assist them to avoid the grosser risks of contamination, and enable them to recognize and avoid danger at the earliest stages.

THEORY OF OPSONINS.—The *New York Medical Journal* quotes the following from a German medical contemporary: Neufeld says that the appearance of opsonins in the specific treatment with tuberculin and dead staphylococci is to be considered at the present time only in the sense that we in like manner conclude from the appearance of agglutinins the presence of a specific process of reaction in the organism, without seeing in the opsonins with certainty the immune bodies which immediately call forth the process of healing, or to directly assume that the

quantity of the same is a direct indication of the degree of the immunity produced.

DIURESIS FOLLOWING ETHER ANÆSTHESIA.—The *Medical Record* says it is usually thought that ether anæsthesia leads to a more or less pronounced retention of urine. P. B. Hawk, *Journal of Medical Research*, has tested the correctness of this view by a series of careful experiments upon dogs, in all of which preliminary nitrogen equilibrium was secured. In every instance the ether narcosis was followed by an initial diuresis, which usually persisted for some time; the urine first voided after the anæsthesia possessed higher specific gravity than under normal conditions, and in seven out of nine cases was changed from the normal acid to amphoteric in reaction. Of further interest was the observation that the animals suffered an invariable loss of flesh.

SCOPOLAMINE-MORPHINE ANÆSTHESIA IN OBSTETRICS.—The *Medical Record* in a synopsis of an article in *Deutsche Medizinische Wochenschrift* has the following: Krönig says that anæsthesia is indicated in the delivery of many women who are either very much weakened by a hard struggle for existence or belong to a type of the highly nervous, sensitive women who are unable to bear the pains of labor without being profoundly and dangerously affected by the suffering. In the Freiburg clinic over 1500 women have been delivered with the use of scopolamine-morphine anæsthesia. The solutions used are a 0.03 per cent. watery solution of scopolaminum hydrobromicum as a 1 per cent. solution of morphine. The first injection is made when the pains recur every four or five minutes, 1.5 c.c. of the scopolamine solution and 1 c.c. of the morphine solution being used. One hour later scopolamine alone is injected in a somewhat smaller quantity. Half an hour later the woman is tested as far as her psychic reactions are concerned, various questions being addressed to her in reference to matters that happened just before labor, the number of injections she had received, etc. The injections are repeated if a subject is retained in the mind for over thirty minutes. No untoward action whatever has been observed in any of the 1500 cases; the single death that has occurred was due to a delivery in the presence of a deformed pelvis, Cæsarean section being refused by the patient's husband. The loss of blood did not exceed the usual amount; the duration of labor was not affected; the mortality of the infants intrapartum has been diminished by the anæsthesia. Krönig concludes that his method of administering scopolamine-morphine in cases of labor

fully attains the aim of the procedure, a painless delivery without any harmful effect upon the mother or the child.

HINTS ON TREATMENT OF THE EAR.—The *American Journal of Surgery* says: Don't pour hot oil into the ear to relieve pain. Heat can be applied much better in a hot mixture of glycerin, alcohol and water, which will not turn rancid or clog up the ear, and can be removed by syringing with water. A towel or large pad of gauze wrung out in boiling water and closely applied over the ear, covered with oil silk or "protective" rubber tissues, is better than a hot water bag.

Sudden one-sided diminution of hearing after bathing may indicate nothing more serious than water in the ear or a plug of wax which has swelled up and obstructed the canal. If no means of syringing is at hand, the instillation of ether and alcohol, equal parts, will dry up the plug and often cause it to disintegrate, with a corresponding improvement in hearing. Swollen seeds, peas or beans in the external canal, a frequent occurrence in children, can be treated similarly.

TEST OF DEGREE OF ANÆSTHESIA.—The same journal remarks: Avoid touching the cornea during the administration of an anæsthetic. The ocular reflex can be obtained just as well through the lids, and the pupils and motions of the globe offer the most definite indications of the degree of narcosis.

TONSILS AND ADENOIDS.—The *Journal of the American Medical Association*, quoting from the *Kentucky Medical Journal*, says: Hall arrives at conclusions which may be summarized as follows: while normal tonsils atrophy at adult life, diseased tonsils do not. Therefore early operation is indicated. The hyperplasia affects the entire gland, so complete removal is necessary. In very few cases is the tonsillotome of use. A child should never be operated on forcibly while struggling and screaming; it leads to bad work and has a serious effect on the child's nervous system. Local anæsthesia in older children, general anæsthesia in younger ones, is preferable. Both tonsils and adenoids should be removed at one sitting.

A NEW THEORY OF SURGICAL SHOCK.—The *New York Medical Journal* quoting from *La Presse Médicale* says: Langlois discusses the theory ascribed by him to Henderson, of the Yale Medical School, that surgical shock is provoked by a diminution in the proportion of carbonic acid in the blood, and that the prophylaxis of shock consists essentially of preventing an extensive loss of this gas from the blood.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK

SAINT RADEGONDE, QUEEN OF FRANCE

In the act of looking up the histories of dead and gone people who have done worthy deeds one becomes quite attached to the figures whose lives one is searching into, and so, having pored over many tomes to learn something of Radegonde, a one-time queen of France who was a famous nurse in the Sixth Century, she seemed so real to me and I felt so deeply interested in her that when I got into France nothing would have kept me from getting to Poitiers where she lived a long time and founded her great convent of noble ladies.

The ancient town of Poitiers is full of interest and charm for persons of many diverse interests. Those who love the Picts, the Romans, the Merovingians can find them all here, piled one on top of the other. The cellars of houses are full of old walls, remnants of subterranean passages, caves where French dragons once lived in Roman diggings, and all sorts of such relics. Above ground, sad to say, most of the beautiful and picturesque fifteenth century houses have been pulled down and the actual present main streets show little of the architecture of the past, but in the side streets and out-of-the way alleys and winding ways there is a great treasure of interesting corners, picturesque old gardens, and general old-timeyness, though one is conscious of a certain squalor which is not entirely definable. People who understand architecture find the old churches here extremely fascinating and remarkable, and even a tyro can see that they are so. But, after all, Radegonde is the most interesting relic of Poitiers,—alone well worth a visit, though the beauty of the old town's situation and environment is not to be forgotten.

Radegonde was a German princess of Thuringia, born a heathen, who, at the age of twelve years, having seen all her elders and relations murdered and their lands stolen in the good old-fashioned way, was taken a captive into France, in the year 529 A.D. King Clotaire, though a detestable person, still has this to his credit, that, intending to marry the little princess when she grew older, he provided masters for her who gave her a very admirable and extensive education. Radegonde

learned Latin and Greek, was converted to Christianity, and developed a high and queen-like character. The legends say that she abhorred the thought of marrying Clotaire and tried to escape when the time came. The country people cherish the story of a cave where she hid, and where a miraculous spring appeared; of a rockbed that became soft as Clotaire's horse galloped over it when he was pursuing her, so that the horse's hoofs sank in, when it immediately hardened again, and like tales. Nevertheless, she had to marry him, and again we must give him this credit, that he endowed her liberally with lands and wealth. But he was brutal, greedy, and unintellectual. Radegonde stifled in the atmosphere of his court, and to solace herself and employ her energies she built a hospice for poor and sick women on her estate at Athies, and spent most of her time in working there as a nurse, making beds, cleansing and dressing ulcers and wounds, bathing lepers, consoling the dying, and dressing the dead for burial. King Clotaire grew more and more unpleasant, and she finally left him altogether, and, as a protection against him, commanded one of the high priests of the church to consecrate her to religion. It was after this that she came to Poitiers and founded the extensive abbey of Sainte-Croix, built churches, established hospitals, trained two hundred religious sisters, and devoted herself to a life of humble service to the poor and the sick.

She came to Poitiers about 553 A.D. It was a proud day for the city when Queen Radegonde entered it with her noble train of followers, and to-day, even, it is full of memory of her, in the names of streets, church, and parts of the town. The extensive domain where she held sway is now built over, new streets run where the old convent walls stood, her own special church has been so often rebuilt and repaired that only a couple of the original stone carvings are left, but still the memory of Radegonde is fresh, green, and tenderly cherished because of her services to the miserable and afflicted.

Some remains of the ancient abbey and of the town of Radegonde's time existed up to a late day. Her own especial cell near the church, now called by her name (which she had built under the name of "St. Marie-beyond-the-Walls), was only destroyed in 1795. The greater part of the domain had been sold in 1791, for the benefit of the state. As late as 1904, in filling up parts of the town that were built over old ruins, an ancient Roman subterranean passage was filled in which, according to the superstitions of Radegonde's age, was inhabited by a dragon who devoured any of the nuns that were rash enough to try to pass that way, and in 1905, the last remnants of an old Roman tower were cleared away, in which her companions and followers had stood

to watch her funeral procession go by, and from the little window of which they had thrown flowers upon her coffin. One relic there still is, which is said to date from her day—a large laurel tree, which she is said to have planted with her own hands. It measures three metres in circumference, and has been cut back many times. It stands in a garden on the rue Carolus. Some old houses, older than the fifteenth century, still stand in the quarter where her abbey was, and one of them contains a portion of old stone wall with a little window in it, through which Radegonde, it is said, used to give food to the poor. However, this old wall is now so covered with vines that not a stone can be seen—to the great annoyance of antiquarians.

It so happened that I got to Poitiers on St. Radegonde's fête day. The church was open, and around it the old women were selling wax candles and little casts of arms, legs, head, hand, foot, trunk, and heart, made of wax. To buy one or more of these (two cents each), and offer them up to Saint Radegonde would keep off sickness in that particular part of one's body. After buying a leg, an arm, a head, trunk and heart, the old ladies thoughtfully suggested that to buy a whole wax figure (which they supplied) would ensure me against sickness anywhere. I took their advice, and escorted by two enthusiasts, I deposited my little wax casts at the feet of the statue of Radegonde and mounted two lighted candles on her tomb. The black marble coffin is the same one in which she was buried. The carved stone table on which it now stands is from the eleventh century, as is also the present crypt of the church where it is placed. In 1562 the church was pillaged by the Huguenots, Radegonde's coffin was broken, and some of her bones were burned—not all; some were saved, encased in a box of lead, and replaced three years later with great pomp in the black marble coffin.

The statue of Radegonde in the church does not, unfortunately, show the features of the religious queen and nurse. It was made in the likeness of Anne of Austria who gave it to the church.

The public library of Poitiers contains a beautiful illuminated Life of Radegonde, by Fortunatus, a monk, and, I believe, also a Saint. I wanted much to see this treasure for its beautiful illustrations—the Latin text, alas, would have been beyond me; but unfortunately it was the month of August and the library was closed.

There is a special festival on the 13th of August in honor of Radegonde, when the leaves of the laurel tree are sold in little silk bags, and special cakes and buns of St. Radegonde are eaten.

There is still a small convent and a St. Radegonde Day Nursery

in the old quarter, but the sisters belong to another order and can claim no descent from the queenly ancestress of nursing sisters.

References: Sainte Radegonde, queen of France and patron saint of Poitou, by the Abbé Briaud, Paris, Poitiers, 1899. New Guide to Poitiers and History of its Streets from the First to the Twentieth Century, by R. Brothière de Rollière, member of the Commission of Neuilly, Paris, on municipal history, and of the Archæological Society of Paris. Poitiers, 1907. Vie de Sainte Radegonde, by M. de Fleury

A New and Efficient Method of Room Disinfection.—Dr. McLaughlin, after describing two other methods of disinfecting rooms in common use, says, in the *Medical Record:* The "Stewart method" consists in thoroughly spraying the walls, furniture, and floor of the room with a 20 per cent. solution of formaldehyde gas, and then spraying the mattresses, laying one on top of the other, and then the pillows, bedding, etc. The most prominent exponent of this method is the Philadelphia Health Department. In the first two methods (the Maine and the Walker methods), penetration to any extent is not alleged, and it is the custom both of the Marine Hospital Service and of the New York Health Department to disinfect articles such as bedding, clothing, etc., in the steam autoclave. But in the Stewart method it is stated that the disinfection is sufficiently perfect to render steam sterilization in the autoclave unnecessary. Dr. McLaughlin found that if the gas formaldehyde is mixed with vapor of carbolic acid, the tendency to polymerization does not seem to exist, and that the formaldehyde penetrates as one would expect, *i.e.*, obeys the ordinary law of diffusion of gases. The mixture which he has used is 75 per cent. of a 40 per cent. solution of formaldehyde and 25 per cent. of carbolic acid. He uses eight ounces of this mixture to 1000 cubic feet of air space, and allows the room to remain closed twelve hours. He has used a retort to volatilize the mixture, but, as a matter of convenience, usually saturated a sheet and hung it up in the room to be disinfected (an ordinary sheet will hold about six ounces of the mixture). He was very successful with his tests.

THE VISITING NURSE DEPARTMENT

IN CHARGE OF

HARRIET FULMER

SUMMER CARE OF BABIES IN NEW YORK CITY

THE summer corps work this year has been gone into much more thoroughly than in the past. The various organizations working for the welfare of babies held a conference early in the year and discussed plans for the summer work. The result was that the city was divided into districts and a nurse assigned to each. Care was taken that there should be no overlapping of service.

The Department of Health provided sixty nurses; the Association for Improving the Condition of the Poor, ten; Greenwich House, one.

Printed circulars, with suggestions in reference to general conditions, were freely distributed, as well as those with detailed instructions. The nurses were given the names and addresses of all babies whose births had been recorded within the previous three months and they were instructed to visit such baby and mother and find out exactly how the baby was cared for. In each case whatever instructions seemed necessary were given by the nurse. Revisits were made to see if instructions were carried out. The following questions were asked:

Physician or midwife at birth? Conditions of mother? Ophthalmia?

Breast Feeding.—Number and regularity of feedings; diet of mother.

Artificial Feeding.—Kind and condition of food; ice; source of milk supply; milk, how prepared; cleanliness of bottle and nipple; number of feedings, twenty-four hours; amount of each.

General Conditions.—Health and weight of baby; frequency and kind of bathing; employment of mother; who cares for baby daytime; cleanliness of rooms; number and kind of outings.

All cases of destitution were referred at once to the proper relief society. Lists of milk depots and children's aid societies were also given out. Several of the milk depots provided nurses who gave instructions to the mothers receiving milk, and lectures were also given by physicians twice a week, a record being kept of all babies fed on the prepared milk.

The work is still going on and new developments are looked for.

LINA L. ROGERS, R.N.

LETTERS TO THE EDITOR

[*The Editor is not responsible for opinions expressed in this Department.*]

A QUESTION ANSWERED

DEAR EDITOR: My attention was attracted by a letter written to you and published in the AMERICAN JOURNAL OF NURSING for August, on the subject of "Just What is Required of the Nurse in a Private Home." I am a subscriber of the JOURNAL and also a graduate nurse. My opinion is the same as M. E. of "Sunny Tennessee."

I think any nurse who has good sound common sense, and has gone through a course of hospital training of three years will have at least enough sense to adapt herself to the surroundings and conditions of any home she may enter and know what her duty there is, and not "sniff" if it is necessary to do menial labor.

I have been doing private nursing only two years, and I think I have learned what is required of a nurse in a private home.

I have been sent to homes where I did not need to do what I thought a nurse on private duty should not do. And I have also been in homes where I had all the household duties to attend. At one place I nursed a patient who was continually fretting about the lamps not being kept clean. She asked the servant, her daughter and grand-daughter to clean them, every day for three days, which they neglected to do. Finally, to keep the patient from fretting and being nervous, I cleaned the lamps, and cleaned them every day for five weeks. The daughter did not object to my doing so.

In another home the patient, the room, and every thing else about the place were so dirty, I had to sweep, scrub and dust before I could even see what to do for the patient or how to take care of her.

When a nurse goes to a home and there are servants to do the household duties, she should do strictly what has been taught by her superintendent of nurses at her training school.

I do not believe the woman who wrote the article in the *New York Sun* and conducts a high class employment bureau knew anything about what was required of a nurse on private duty. I believe I voice the sentiment of the nurses of Texas or any nurse that has had any practical experience on private nursing.

I also noticed in Hospital and Training-School Notes, that one of

the large hospitals in Brooklyn had accepted four young Indian girls with "good manners" and an education. Let us hope they were at least educated. I really do think all hospitals and schools are accepting nurses with less refinement and education than they formerly did.

Sincerely yours,

P. L. S.

SUGGESTIONS TO CORRESPONDENTS

DEAR EDITOR: It is no doubt hard for others to sympathize as we should in both cases of M. B. B. in the April number and E. B. U. in the July number,—both nurses certainly had a very unpleasant time,—and not easy to understand, for I have never come in contact with members of our own profession who, to my knowledge, have done such unprincipled work as those nurses who first had charge of these cases. Though I know there are, unfortunately, both doctors and nurses that seem to lack honesty, thank God they grow fewer each year. I should like to suggest to M. B. B. and E. B. U. that if they are not already members of their own state or county association that they immediately become such and then take such trouble as they speak of to their county board, and have these others expelled, if they are also members; if not, have them reprimanded in some dignified way. One's own county association is the board to which she should carry these minor troubles. I do not believe such dishonest nurses figure very often in our life. We are not all perfect, but I believe almost every one of us has her patient's welfare in her heart, and I believe if a nurse, already graduated from a good school, should be found to do otherwise than what is honest and true, her diploma should be demanded. However, if they were, as I hope, untrained nurses, then we can say nothing but that we are sorry for their ignorance.

T.

A PROTEST

DEAR EDITOR: The AMERICAN JOURNAL OF NURSING for July contains in its report of the Nurses' Associated Alumnæ of the United States the following:

"A letter was read from Mrs. Shaw, president of the Woman's Suffrage League, asking the Association to endorse the following resolution:

"'WHEREAS, The thinking women of America are striving more earnestly than ever before to be a helpful part of the people, in the firm belief that men and women together compose a democracy, and that

until men and women have equal political rights they cannot do their best work, therefore be it

"'*Resolved*, That the Nurses' Associated Alumnæ of the United States, numbering 14,000 members, as a company of patriotic workers, heartily endorse every well-directed movement which tends to emancipate the women of our land and give them their rightful place in government.'

"After some discussion the motion was lost by a large majority."

This means that the representative women of the nursing profession refuse to even endorse the struggle other women workers of the world are making for the organization and self-government we as nurses enjoy to a perhaps greater degree than any other body of working women.

Surely there must be among our 14,000 members many who, with Miss Dock, "would have given much to have walked in the great parade in London on June 13 under the Florence Nightingale banner at the head of the Nurses' Contingent in their uniform."

The society for state registration is asking what is to be its field of usefulness when registration is a well-established fact. What better cause than to organize in support of the fight less fortunate women are making for equal pay for equal work?

EDITH THURESSON KELLY.

DEAR EDITOR: I should like to thank L. B. M. through your pages for her kind tribute to the private duty nurse, but I would also endorse the suggestion of W. in the July number that she attend one of the conventions and she will surely be delighted to find some very clever women from the private nursing field as well as from institutions. If there is any honor coming to us for doing what is right in helping those who have the responsibility of educating those who shall take up our life duties when we are called hence, I think it usually comes to us sooner or later.

E.

OFFICIAL REPORTS

[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 18th of the month.]

ANNOUNCEMENTS

REVISION OF THE CONSTITUTION OF THE ASSOCIATED ALUMNÆ

THE Executive Board of the Nurses' Associated Alumnæ has charge of the revision of the constitution and by-laws. All affiliated societies and permanent members are requested to send suggestions for the revision to the secretary before December 1st.

ANNIE DAMER, President,
SARAH E. SLY, Secretary,
Birmingham, Michigan.

OREGON STATE HEADQUARTERS

THE headquarters of the Oregon State Association are changed to 343 Thirteenth Street, Portland.

MARYLAND STATE EXAMINATION

THE Maryland State Board of Examiners of Nurses will hold its next examination for state registration October 13, 14, 15 and 16, 1908.

All applications should be filed with the secretary before October 1st. Applicants will be notified as to time and place.

MARY C. PACKARD, R.N.,
Room 610 Professional Building, Baltimore, Md. Secretary.

NEW YORK STATE NURSES' ASSOCIATION

THE annual meeting of the New York State Nurses' Association will be held in Buffalo, New York, October 20–21. The full arrangements and program will appear in the October JOURNAL. The executive committee asks every nurse in the state to make an effort to attend.

FRIDA L. HARTMAN, R.N., Secretary.

DISTRICT OF COLUMBIA EXAMINATION

THE Nurses' Examining Board of the District of Columbia will hold examination of applicants for registration on November 16th. Apply to the secretary of the board for particulars.

KATHERINE DOUGLASS, Secretary,
320 East Capitol Street, Washington, D. C.

CONVENTION REPORTS

Miss Sly has a limited number of reports of the San Francisco convention which will be forwarded upon request accompanied by twenty-five cents, which includes postage.

SUGGESTIONS FOR THE CONVENTION PROGRAM

Suggestions for the program for the convention in Minneapolis are asked to be sent as soon as possible to the chairman of the Program Committee, Sara E. Parsons, Enoch Pratt Memorial Hospital, Towson, Md.

STATE MEETINGS

Michigan.—The fourth annual meeting of the Michigan State Nurses' Association was held, June 30, July 1 and 2, at Epworth Heights, Ludington. Tuesday, June 30, from 10–11 o'clock was set aside for registration of members and the payment of dues. At 2.30 P.M., after the call to order and invocation, Mr. Cartier, Mayor of Ludington, gave the nurses a most cordial welcome which was responded to by Miss Theta Mead, of Cedar Lake.

After the reports of the officers and chairmen of committees, Miss Elizabeth Parker of Lansing, president of the association, gave an address which could not but inspire all who heard to better effort on the part of the association. Following this was a parliamentary law drill by Mrs. W. H. Holden of Detroit.

In the evening a reception was given by the citizens to the visiting nurses which was greatly enjoyed by all.

At 9 o'clock, Wednesday morning, Mrs. Holden continued the parliamentary law drill. Miss Ida Barrett, of Grand Rapids, delegate to the State Federation of Women's Clubs, was unable to be present and her report was read by Miss Bessie Goodrich. Mrs. Foy of Battle Creek, delegate to the meeting of the Associated Alumnæ, gave such a vivid and entertaining description of her trip to San Francisco that all felt that they had been denied a rare treat in being unable to attend that meeting.

A paper on "Nursing for the Small Wage Earner" by Mrs. Flora Neiman of Grand Rapids, created a great deal of discussion. All nurses are interested in this phase of the work and hope some way may be evolved to solve the problem.

In the afternoon, all work was put aside and a picnic dinner at Hamlin Lake was greatly enjoyed. After dinner all were taken in automobiles and carriages for a drive around the city and to visit the Paulina Stearns Hospital.

At the evening session, three most interesting papers were read, one on the "Profession of Nursing" by Mrs. L. E. Gretter of Detroit. Dr. W. S. Rowland of Detroit, sent a paper on "Red Cross Work" which was read by Miss Durkee. This paper awakened a great deal of interest and discussion and brought out the fact that Michigan nurses are very backward along this line.

Miss Sly, of Birmingham, was unable to be present and her paper on "Why We Need State Registration" was read by Miss Waters. Many helpful points were brought out and it was decided to make a greater effort than ever before to get a bill of registration passed.

At 10 o'clock on Thursday, by vote of the association, Mrs. Holden gave

another drill in parliamentary law; these drills were very helpful and were much appreciated.

The election of officers followed: president, Elizabeth Parker, Lansing; first vice-president, Mrs. M. S. Foy, Battle Creek; second vice-president, Mrs. G. O. Switzer, Ludington; recording secretary, Elizabeth Flaws, Grand Rapids; corresponding secretary, Fantine Pemberton, Ann Arbor; treasurer, Agnes Beans, Detroit.

Two counsellors, Linda Richards of Kalamazoo, and Isabel McIsaac of Benton Harbor, were elected by unanimous vote.

At 2 o'clock all went for a boat ride on Lake Michigan. An experience meeting conducted by Mrs. Foy was held during the ride. The subjects taken up were the "Reasons for the Shortage of Applicants in the Training Schools" and "How to Provide the Small Hospitals with Nurses."

The fifth annual meeting will be held in Saginaw in 1909.

FANTINE PEMBERTON,
Corresponding Secretary.

Peterson's Hospital, Ann Arbor, Mich.

REGULAR MEETINGS

BALTIMORE, MD.—The annual meeting of the Johns Hopkins Hospital Alumnæ Association was held at the hospital on May 22, with a large attendance. Officers were elected for the ensuing year as follows: president, Mary Cloud Bean; first vice-president, Amy P. Miller; second vice-president, M. Grace O'Bryan; recording secretary, Ellen N. La Motte; corresponding secretary, Christine M. Dick; treasurer, V. M. MacLellan.

PERSONALS

INGEBORG HINTZE, graduate of the John Sealy Hospital, Galveston, is now surgical nurse at All Saints' Hospital, Fort Worth, Texas.

MISS GILMOUR, late superintendent of nurses at the New York City Hospital, has gone with a party of friends for a trip to the Pacific Coast.

MISS HEWLETT, of the Louisville City Hospital, has accepted the position of directress of nurses at the Lincoln Memorial Hospital, Knoxville, Tennessee.

MRS. ANNA E. ROTHROCK, assistant matron at the Boston City Hospital, has accepted the position of superintendent of the Union Hospital, Fall River, Mass.

SUSAN C. HEARL, late superintendent of nurses at the Jefferson Hospital, Philadelphia, has accepted the position of superintendent of the Albany Hospital, Albany, N. Y.

MISS SUSAN BARD JOHNSON, graduate of the Children's Hospital, Boston, who has been spending some time in France and England, has now returned to her home at Sag Harbor, Long Island.

ANNA L. SCHULTZE, University of Pennsylvania Hospital graduate, class of 1898, recently at the South Side Hospital, Pittsburg, is in charge of the Saratoga Hospital, Saratoga Springs, N. Y.

MINNIE RESON, class of 1906, Hahnemann Hospital, Chicago, has accepted the position of chief nurse in Dr. R. P. Miller's private hospital at Albia, Iowa. Ida M. Berg has a similar position at Salina, Kansas.

MRS. MARY E. HARLEY, of Roosevelt Hospital, New York, has succeeded Elizabeth Baylor as superintendent of the Physicians' and Surgeons' Hospital, San Antonio, Texas. Her assistant, Lucy Stuart, is from the same hospital. Miss Baylor will take several months' vacation at her home in San Antonio.

THE club-house for nurses which has been so successfully conducted by Linna G. Richardson in Portland, Oregon, will be removed in the near future to 343 Thirteenth Street. Plans for a sixty room club-house are well under way, and it is expected that this will be ready for occupancy within eight months.

AT the Mercer Hospital, Trenton, the assistant superintendent of nurses is Miss L. D. Atkinson, graduate of the Presbyterian Hospital, Philadelphia; the operating-room nurse is Mary D. Roche, of the University of Pennsylvania Hospital; massage is taught by Anna Pickenny, of the Orthopædic Hospital, Philadelphia.

JEAN KAY, president of the South Carolina Nurses' Association, resigned in April, going to South America, and Miss Uits, vice-president, resigned also. The secretary of the association, Lulu Davis, is in Mexico for her health. In June, Miss S. B. Marshall, R.N., and Miss A. O. Benson, were appointed acting president and vice-president.

BERTHA ERDMANN, superintendent of nurses at the City Hospital, Minneapolis, has resigned her position after five years of service. She is succeeded by Flora M. Thompson. Both are graduates of St. Barnabas' Hospital Training School, class of 1899. Miss Erdmann expects to enter Teachers' College this fall to take the course in Hospital Economics.

PAREPA M. WALKER, a graduate of the City and County Hospital Training School, St. Paul, Minnesota, who has been engaged in private nursing in Maryland for several years, is taking a rest among the famous Tehuacana Hills in Texas. She will remain in the south a year longer, and has accepted the position of lecturer on physiology and hygiene in Westminster College, Tehuacana.

JEANETTE M. PAULUS, graduate of the Protestant Episcopal Hospital, Philadelphia, has resigned her position as superintendent of the Knoxville General Hospital, which she has so efficiently filled for the last six years. Her associates are sorry to lose her. Lillian Burgin, class of 1907, Knoxville General Hospital, has accepted the position of directress of nurses of that hospital. Her friends are glad to have her back again. Agnes Haynes, R.N., class of 1907, will do private work in Knoxville, having returned from West Virginia, where she has been at work.

BIRTHS

ON August 9, a son to Mr. and Mrs. E. A. Allanach. Mrs. Allanach was Margaret Burgin, class of 1907, Knoxville General Hospital.

MARRIAGES

On June 24, at Galt, Canada, Bessie Lockie to William J. Carter, M.D. They will live at Malton, Ill.

On June 30, at Boston, Mass., Mary Ellen White, class of 1900, Boston City Hospital, to Dr. James Joseph O'Brien.

On May 2, at New York City, J. Ethel Williams, class of 1905, Hospital of the University of Pennsylvania, to Raymond C. Clapp.

On May 18, at King's Chapel, Boston, Mary V. Andrews, class of 1904, Kings County Hospital, Brooklyn, to Charles W. Crouch, of Binghamton, N. Y.

On April 27, at Boston, Mass., Caroline Russell, class of 1905, St. Luke's Hospital, New Bedford, to Ned Albert Stanley, M.D. They will live in New Bedford.

On June 30, at Oak Bluffs, Mass., Grace Eleanor Baker, class of 1903, St. Luke's Hospital, New Bedford, to Harold Sylvanus Churchill. They will live in New Bedford.

On June 25, at Manheim, Pa., Emma M. McCauley, class of 1904, Hospital of the University of Pennsylvania, to Joseph W. Robinson. After November 1 they will live at the Normandie, Philadelphia.

On June 1, at the First Congregational Church, Muscatine, Iowa, Elizabeth Jane Trafton, R.N., class of 1904, Benjamin Hershey Memorial Hospital to Frederick Lyons Appel, M.D. They will live at Muscatine. Miss Trafton took graduate work at the New York Polyclinic Hospital, and has done nursing at home and in the American Hospital, Mexico City.

DEATHS

The Alumnæ Association of the Presbyterian Hospital School of Nursing, New York City, announces the death of Mrs. Rose Hoffman Lobenstine, class of 1899, at Kuling, China, on June 5. The burial took place at Chinkiang, China, on June 13. Mrs. Lobenstine was an active member of the University Place Church, New York, and received her appointment to missionary service on June 2, 1902. Her work in the mission field was of a high order and her loss will be deeply felt by numberless friends as well as by members of the community to which she ministered.

The surviving members of the Alumnæ Association of the "Home for Nurses," now the Philadelphia Lying-in Charity Hospital, send us word of the death of Emily Wilson Woodley in that city at the age of 73. "Mother Woodley" with thirty of her nurses were regularly enlisted from this Home for Nurses at the time of the Civil War. They served with distinction as nurses and at the close of the war Mrs. Woodley received from the hand of President Lincoln the only commission of Captain ever given to a woman. Mother Woodley was a devoted member of the alumnæ association of her school and was deeply interested in all that concerned nurses. She died at the home of her daughter.

HOSPITAL AND TRAINING-SCHOOL NOTES

[The following correspondence between Miss Julia Lathrop and the Illinois State Association shows the splendid work the state association may do educationally, even before state registration has been put in operation.—Ed.]

CHICAGO, August 5, 1908.

Miss Caroline D. Seidensticker,
President Illinois State Association of Graduate Nurses.

MY DEAR MISS SEIDENSTICKER:

Upon the occasion of the association's visit to the Northern Hospital for the Insane June 24, the discussion plainly showed the interest of the nursing profession in the care of the insane, and, at the same time, indicated some of the difficulties in the way of more general response to the requests of the Committee on Uniform Curriculum for coöperation and reciprocity. Some of these difficulties were shown to be purely economic, others to be matters of hospital organization.

In pursuance of that discussion, I wish to ask if you will secure from your association a formulated statement of the conditions under which, in the judgment of the association, trained nurses should be asked to take service in public institutions for the insane in Illinois. Such a statement should indicate general standards of organization, pay, hours and living conditions, and should include an estimate of an adequate proportion of graduate nurses to patients.

It will be impossible for the institutions to reach the highest standard in every particular at once, under present financial limitations, but a carefully considered statement would be of service to this committee and to the public as an aid in estimating the proper cost of the hospitals for the insane in the future.

Yours sincerely,

JULIA C. LATHROP.

CHICAGO, August 11, 1908.

Miss Julia C. Lathrop,
Chairman Committee on Uniform Curriculum,
The Board of State Commissioners of
Public Charities of Illinois.

MY DEAR MISS LATHROP:

In reply to your request of August 5 that the Graduate Nurses' Association of Illinois submit to the Committee on Uniform Curriculum a formulated statement of the conditions under which, in the judgment of the association, graduate nurses should be asked to take service in the public institutions for the insane in Illinois, we take pleasure in presenting to your honorable body the following outline.

In submitting these statements the association desires at the outset to express its hearty sympathy and to pledge its coöperation to the State Board of Charities and its various committees in their continual effort and splendid achievements for the wards of the state, which, among other praiseworthy feat-

ures, includes the introduction of graduate nurses into all state hospitals for the insane; that we no less appreciate the stupendous difficulties that prevent the perfect accomplishment of that which is desirable and imperative; and that it is therefore with no desire to set up the ideal and impossible that we present this outline, but because we believe that in formulating what represents to us the minimum standard of living accommodations, emoluments, privileges and professional recognition that women of the desired ability and technical training will naturally expect, we shall be aiding those in authority.

Based on conditions which the graduate nurse finds in the best general hospitals of the country, which institutions must be regarded as competitors for the services of the strong women of the profession, the following suggestions are made:

1. That in each institution for the insane there should be appointed, as early as possible, a superintendent of nurses who herself, a graduate nurse and responsible only to the superintendent of the institution, shall have charge and supervision of all nurses and attendants. The official position of this officer shall be of rank equal to that given the first assistant to the superintendent of the institution.

2. That in order to allow possibility of success on the part of the superintendent of nurses, she should be provided with at least two graduate nurse assistants, these to be delegated to such duty as the superintendent of nurses may deem advisable.

3. That a graduate nurse should be placed as head nurse in
   - (*a*) Each general hospital ward.
   - (*b*) Each special hospital ward for acute excitable patients.
   - (*c*) In charge of an average division of 100–150 of the subacute and chronic insane.

4. That the proportion of attendants should be
   - (*a*) One attendant to every three patients of the excitable acute mental cases.
   - (*b*) One attendant to every five patients of the acute mental type.
   - (*c*) With the average subacute and chronic patients one attendant to every twelve patients.
   - (*d*) The proportion for the total average of insane patients, one attendant to every nine or ten patients.

5. That owing to the fact that nursing of the insane is one of the most difficult forms of nursing which calls for the highest type of nurse, it is recommended that the salary offered for the various positions should be such as to allow capable women to make application. The minimum salary for the superintendent of nurses to be $125 per month; for assistants $75, and for head nurses $60.

6. That the eight hour system should be enforced, nurses and attendants being on duty only eight hours out of each twenty-four.

7. That a separate home for the nursing staff should be provided with single bed room, suitable dining rooms, and other adequate accommodations.

8. That a course of instructions for graduate and under-graduate nurses should be given similar to that planned by the Committee on Uniform Curriculum.

Trusting that the above respectfully submitted recommendations may be of service to the Committee on Uniform Curriculum, I am,

Yours very truly,

CAROLINE D. SEIDENSTICKER, President.

THE nurses of the Mercer Hospital, Trenton, N. J., are taught dietetics by a Drexel graduate, cooking classes being held semi-weekly at the Y. W. C. A. building in Trenton.

AT Colorado Springs, Colorado, the Modern Woodmen of America are beginning work on a national sanitarium for tuberculosis patients which is to start with a central building and sixty tents. A reservoir with a capacity of 3,000,000 gallons has been erected, and ground to the extent of 200 acres will be planted with alfalfa. A number of fine Holstein cows have been purchased for the sanitarium and good roads are being laid.

ST. JOSEPH'S HOSPITAL, Fort Worth, Texas, has recently graduated eleven nurses.

THE John Sealy Hospital of Galveston, is the first training school in Texas to establish the three years' course, and at the close of its first school year since this venture, reports a longer waiting list of applicants than ever before.

THE commencement exercises of the class of 1908 of the City Hospital of Akron School for Nurses, Akron, Ohio, were held on June 17 at the First Presbyterian Church. The program consisted of music, invocation by Rev. H. W. Lowry, addresses by Mr. Geo. W. Crouse and Dr. J. H. Seiler, presentation of diplomas by Mr. O. C. Barber, president of the Board of Trustees, and benediction by S. N. Watson, D.D. The graduating class consisted of Mary Sabin, Evah McCoy, Louise Brand, Ruth Trainor and Ethel Brown.

CONNECTICUT STATE BOARD EXAMINATION FOR NURSES

ANATOMY AND PHYSIOLOGY

Emma L. Stowe, Examiner

1. Define anatomy, physiology.

2. How many bones of the skeleton? Name a long bone, a short bone, a flat bone, and tell where each is situated.

3. Name one of the muscles of the upper arm; what is its function?

4. Name the different varieties of joints; give an example and describe in detail a ball and socket joint.

5. Name the different organs contained in the thorax; name those contained in the abdomen.

6. Name the most important excretory organs; name the excretion thrown off by each.

7. State briefly the function of the blood.

8. What is respiration? What effect has oxygen on venous blood?

9. What organs aid in digestion? Name the different parts of the alimentary canal.

10. Name the three solid foodstuffs; where is each digested?

MEDICAL NURSING

Martha J. Wilkinson, Examiner

1. Give cause, prevention and treatment of bed-sores.

2. How many kinds of enemata are there; describe in detail how you would give one?

3. How would you prepare and apply a flaxseed poultice? A mustard paste?

4. Describe the sick room ventilation for a tuberculosis patient; what care should be taken of sputum and of sputum cup?

5. How would you distinguish hemorrhage from the lungs? From the stomach? Give symptoms of concealed hemorrhage. Treatment.

6. What is the character of the typhoid stool? What sanitary precautions are taken regarding it? What care should a nurse give her hands while nursing a case of typhoid fever?

7. Give symptoms of typhoid case for which you would call physician. Under what conditions would you remove patient from typhoid bath before expiration of prescribed time; what would you do in such emergency?

8. Give in detail the method of giving a hot-air bath; a hot pack; a cold sponge bath.

9. How would you prepare to catheterize a female patient? What is cystitis?

10. How would you care for a case of opium poisoning until arrival of physician? Of carbolic acid poisoning?

EXAMINATION IN SURGICAL NURSING

Mary L. Bolton, Examiner

1. What is asepsis?

2. What is primary union? What is healing by granulation?

3. State briefly what the general treatment of wounds consists of.

4. What articles would you always have in readiness for any surgical dressing?

5. How would you prepare a room in a private house for an abdominal operation?

6. Give treatment of hands and instruments when preparing for abdominal operations.

7. What two complications should a nurse anticipate after a capital operation?

8. What is a fracture and how many kinds of fractures are there?

9. What is a green stick fracture?

10. What is transfusion? How would you prepare the saline?

OBSTETRICAL NURSING

R. Inde Albough, Examiner

1. What is the duration of pregnancy; and how would you determine the probable date of confinement?

2. What general preparation would you make, if called at the beginning of labor?

3. How many stages of labor are there? Define each.

4. What diseases would you avoid, prior to, and during your engagement to care for an obstetrical case?

5. What care would you give to a newborn infant for the first week?

6. What is colostrum? and what its function?

7. How frequently would you change vulva pads; how would you prepare for and proceed to do it; and what conditions would you note while performing this duty?

8. What care would you give a ruptured perineum that had been given immediate repair?

9. Name two of the most serious complications in labor, and what measures to employ to control them until the doctor arrives.

10. Give technic for an intra-uterine douche.

DIETETICS AND HOME SANITATION

Lauder Sutherland, Examiner

1. What points are to be observed in setting and serving an invalid's tray?

2. How would you disinfect a room in a private house after a case of scarlet fever?

3. Give method of preparing (1) soft cooked egg in shell, (2) poached egg, (3) beef juice.

4. What is an ideal piece of toast and how should it be prepared?

5. What precautions are to be observed in the care of (1) milk, (2) nursing bottles?

6. Give a general outline of typhoid diet.

7. What is the best way of preparing a chop for an invalid? Give directions.

8. Give the classes into which foods are divided and state the use of each in the body.

9. What care is it necessary to give to a ward refrigerator (cooled by ice) to keep it in a perfectly sanitary condition?

10. Give menu for breakfast, lunch and dinner for a diabetic.

PRACTICAL SUGGESTIONS

IS BOILED COFFEE HARMFUL?—THREE VIEWS

I HAVE recently learned something about the making of coffee that I should like to convey to the readers of the JOURNAL. With some people coffee seriously disagrees, and it seems to be because the coffee is brought beyond the boiling point in temperature, thus forming some acid, and changing chemically the properties of the coffee, producing a poison. Coffee made in a percolator has a smooth taste and none of the poisonous or bad after-effects. There is just one other way in which it can be made so that it is non-injurious, and that is by putting the pulverized coffee into a canton flannel bag suspended in a pot with a bulging bottom, the pot made for that purpose, and pouring the hot water on the coffee and setting the pot in a dish of hot water on the stove. The pot should not be set directly on the stove, as it then would receive enough heat to produce the poisonous properties.

Coffee made in a percolator is made by putting cold water in the bottom of the pot, which is pumped up onto the coffee, which is in a percolated top. As the water heats, the color gradually changes from a light to a dark coffee color, and the water is thrown onto the glass top, so that one can see when the coffee is done. The pot is of aluminum, and at the bottom is only a little larger than a silver dollar, while the surface exposed to the water is only a little larger than a five cent piece.

The world universally should be educated in properly making a beverage that is so commonly used, and no people have so great an opportunity for giving this instruction as nurses.

E. C. H.

I HAVE used coffee made in the two ways mentioned, and they are certainly good ways, judging by the results. To know whether they would avoid all the bad effects suffered by some people, I believe we would have to do some thorough testing on both bad stomachs and wayward dispositions before we could make the all-cure statement. There is a coffee-pot made which has the canton flannel bag as a part of it. It is ugly in appearance but is economical, as it only requires the boiling water and no fire to continue the making.

MARY C. WHEELER.

THE best authority I know of on the coffee-making question is Dr. Vulté of Columbia. He says that unless coffee is kept *at* the boiling point for an appreciable length of time the caffeol, the volatile oil upon which the flavor of coffee depends, is not developed. This is why ordinary filtered coffee has a raw, unsatisfactory taste. On the other hand, if the coffee is boiled for a considerable length of time, tannic acid develops. This is undesirable because tannic acid interferes with digestion, particularly with starch digestion. It is this acid which gives the bitter taste to coffee which has been boiled too long. This is, I think, the acid to which your correspondent refers, but I think she is not strictly correct in calling it a poison.

Prolonged boiling also drives off the very volatile oil which we wish to keep for the sake of its flavor. It is of course impossible in ordinary apparatus to raise coffee above the boiling point. All we can do is to keep it boiling.

Dr. Vulté also says that coffee boiled with a large amount of water contains more tannic acid than coffee boiled with a small amount of water. His way of making coffee, therefore, is to pour over the coffee a small amount of boiling water, bring it quickly to the boiling point again and boil about one minute. It is then diluted with hot water to suit the taste. In this way he gets the flavor due to the caffeol and keeps the tannic acid down to the smallest amount consistent with good coffee.

Now a percolator coffee-pot so arranged that the water is actually at the boiling point when it goes on the coffee, makes good coffee, which is undoubtedly more healthful than carelessly made boiled coffee, and it is the best kind of a coffee-pot to put in the hands of a person who can't be trusted to stop the boiling at the end of a minute or two.

All of this applies to the injurious effects of coffee on the digestion, not on the heart or nerves. The bad effects of coffee on the heart and nerves are due to caffein, and that is extracted by either process.

ANNA B. HAMMAN.

THE first and chief characteristic of science is that it seeks always after nature, after the normal, *i.e.*, the natural, and looks askance upon the abnormal and the super- or the sub-natural. Hence the call of a scientific age for normal, natural life and healthy living: hence its disapproval of disease, hence its disgust with dirt as a cause of disease, and its belief in public health as well as private welfare.—WILLIAM T. SEDGWICK, in *Yale Medical Journal.*

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON

CONFESSIO MEDICI. By the Writer of "The Young People." The Macmillan Company, New York.

Under this title an unknown author gives us a collection of essays, any one of which may be read without reference to that which goes before or the one following. We venture to declare however that no one having read a single page would be content to lay down the book until he had read every word from cover to cover.

The "Confessio" is a declaration of faith in medicine or rather in the practice of medicine; and the author speaks whereof he knows. From "Vocation" to "The Very End," the titles of the first and last chapters in the book, one feels that the writer has gone over every inch of the way and could go over it blindfold at shortest notice, or the most unexpected call. And the reader feels quite an intimate acquaintance with the unnamed author, who some way identifies himself with all the really great men we remember in the practice of medicine.

Like Dr. Osler, he advises all medical students to read "Middlemarch," making it the test of vocation. If Lydgate's life, says our author, does not touch you—you may well be in doubt of having had a call to be a doctor.

The second essay, "Hospital Life," though written to medical students, will go straight to the heart of every nurse who reads it; and very callous and world hardened will she be if it does not give her as sharp a bout of homesickness for her early hospital days as she has ever experienced. The author believes convincingly in the "*genius loci*" of the hospital,—the spirit of hospital life, which demands of us our best gifts of heart and mind,—gifts which seem so little to those who possess them but so unattainable to those who come without them. The author lists them handily. "Those gifts which come of a good disposition, a good home, and a good public school." "Moreover," he says, the student "should have reverence, and a fair liking for work and a certain simplicity or directness of thought, and should know Latin and a certain manageable quantity of general facts; and should be resolute in company and even against company to say the right thing and take the

right side." Every one, apparently, who possesses these modest gifts is admitted to the brotherhood, or community of the hospital. "Every hospital is a charity" (thus our author) "but there is a difference between charity and hospitality. They who give money to hospitals are charitable; we, who have the spending of it, are hospitable; and, of course, it is we who get the fun out of the money. And we spend it well, entertaining in good style our innumerable guests. All of us, staff and students, sisters and nurses, residents, lecturers, and officials, work together, keeping open house." The picture of this oasis in the desert of a big selfish, heartless city life is so admirably drawn that one lingers over it,—seeing again so many of our own experiences,—the times when the whole world seemed wrong some way and the uselessness of working to make things better, and then again the better times when we realize "the courage and patience of our guests." Our guests who are to leave us presently, carrying away the opinion that "we are a very decent lot, especially Sister." The essay, "A Good Example," gives a short but delightful sketch of the life of Master Ambroise Paré, a very learned man and the chief of all surgeons of Paris in his time which extended over a long period of the sixteenth century. This man, noted as well for his piety and good works as for his skill and success in his profession, is indeed worthy of the attention of every young student who seeks the milestones on the road to success. Great was his courage and even greater his skill in nursing when that art seems to have been suffered to disappear. He it was who discovered that it was not necessary to dress gunshot wounds in *boiling oil,* that an unguent of his own compounding,—after the receipt of a famous Italian surgeon,—"oil of lillies, young whelps just born, and earth worms prepared in Venice turpentine," could be used in its place. He it was also who discovered the merciful use of the ligature instead of the red-hot iron to stop the bleeding from amputation. A great man in any age, but so very great in his own time that we wonder at the carelessness and forgetfulness that has allowed his name to become buried so far from sight to-day.

The essays on Practice, there are three of these, keep the same hold on the reader as those that have preceded them. Always there is the same insistence on the cultivation of character, the indispensableness of courage, the tremendous advantage of simplicity of purpose. We learn how little use to men in practice is the cultivation of a knowledge of art, —not that the practitioner may not enjoy appreciative glimpses into other worlds than his own, but because of the selfishness of the sick human that insists upon the elimination of everything in the man who is its doctor except what concerns his own particular ailment and its cure. "The spirit of practice does not readily enter into a life which is full

of furniture. It must have opportunity for its influences; it cannot write on walls which are covered with pictures, or make its voice heard above music and much talking; the life must be clear, affording space, and observing silence."

The essay on "Retirement" shows us our author supported by a sweet and sound philosophy through the most trying epoch in life. The last essay, "The Very End," faces the future with the courage and hopefulness which grow out of this same philosophy and we read the epilogue regretting keenly the necessity that such delightful books may not be continued indefinitely. The epilogue comes like a "grace after meat,"—a little expression of thankfulness for a life of hard work and exceeding satisfaction closing with the following words:

"The natural dignity of our work, its unembarrassed kindness, its insight into life, its hold on science,—for these privileges, and for all that they bring with them, up and up, high over the top of the tree, the very heavens open, preaching thankfulness. Circle above circle, the reasons for it are established, out of the reach of words."

THE MOTHER'S YEAR BOOK. By Marion Foster Washburne. The Macmillan Company, New York. Price, $1.50 net.

The problems of the first year of childhood are very practically discussed in detail by an author who has presumably noticed how very deficient most books of advice to young mothers usually are, in little points, which are supposed to be supplied by common sense, in the mother or attendant. As a matter of fact common sense is very apt to overlook very small matters such as the exact degree of warmth in the cradle of a baby, the little individual traits that appear, in even a day old infant, as a dislike to lying on the right side or the left, the adjustment of the tiny garments, etc. The book is arranged in monthly parts for the first year of the baby's life, with an appendix on the care of the eyes of the newborn. Too many mothers are obliged to learn by experience the best method to care for their children; and it is only too commonly that we hear such expressions as "if I had known with my first baby, what I have learned *from* him, he would be a different child," or "I ruined my eldest child's disposition trying to find out how to treat him." Mrs. Washburne gives as good instruction on all these little points as is possible to receive, and as nearly as possible takes the part of actual experience. The book is smartly bound in blue and white, the cover decorated with a "bambino" in swaddling clothes, and contains plates of some of the most touching and beautiful pictures of the Madonna and Child.

CHANGES IN THE ARMY NURSE CORPS

RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR THE MONTH ENDING AUGUST 14, 1908

CRAIG, MARY E., appointed chief nurse at General Hospital, Fort Bayard, New Mexico.

HODGES, EDITH M., formerly on duty at General Hospital, Presidio of San Francisco, discharged.

HOWARD, CARRIE L., returned to duty at General Hospital, Presidio of San Francisco, from temporary duty on the Transport *Crook*.

JOHNSON, MAME GERTRUDE, graduate of Burgess Hospital, Kalamazoo, Michigan, 1905, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

LINEHAN, JOHANNA, graduate of St. Joseph's Hospital, Milwaukee, Wisconsin, 1906, with a post-graduate course at Cook County Hospital, Chicago, December, 1907, to July, 1908; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

MAGUIRE, LOUISE DE PUE, transferred from General Hospital, Presidio of San Francisco, to Philippines Division on transport of August 5.

MOLLOY, JANE G., transferred from General Hospital, Presidio of San Francisco, to Philippines Division on transport of August 5.

OSBAUGH, BESSIE C., graduate of Medico-Chirurgical Hospital, Philadelphia, 1907; appointed and assigned to duty at General Hospital, Presidio of San Francisco.

THOMPSON, DORA E., chief nurse, returned to duty at General Hospital, Presidio of San Francisco, from temporary duty on the transport *Crook*.

TIMME, MINNA C., formerly on duty at the Division Hospital, Manila, P. I., discharged.

WOODS, JULIA E., formerly chief nurse, Division Hospital, Manila, P. I., discharged.

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